



MTS SPIROMETRY

CERTIFICATION PROGRAMME
PHASE 1 WORKSHOP

19th - 20th April 2025

Postgraduate Centre
Level 3
Hospital Tunku Azizah



SCAN TO REGISTER

Organized by :



MALAYSIAN THORACIC SOCIETY

Supported by :



MINISTRY OF HEALTH MALAYSIA

DAY 1

19th April 2025

0800 - 0830	Registration
0830 - 0845	Welcome and Introduction
0845 - 0915	Functional anatomy and Physiology of Respiratory
0915 - 0930	Spirometry : Indications and contraindications
0930 - 1000	Tea Break
1000 - 1030	ATS / ERS Guidelines on performing spirometry
1030 - 1100	Principle of spirometry test and values
1100 - 1130	Quality assurance in spirometry test
1130 - 1200	Principle of spirometry
1200 - 1230	Video
1230 - 1400	Lunch Break
1400 - 1700	Spirometer, Spirometry technique, PEF, Quality assurance
1730 - 1800	Tea Break

DAY 2

20th April 2025

0800 - 0830	Breakfast
0830 - 0845	Peak expiratory flow
0845 - 0900	Special consideration
0900 - 0930	Spirometry result interpretation
0930 - 0945	Spirometry in asthma and COPD guidelines
0945 - 1045	Case discussion with trainers
0945 - 1100	Break
1100 - 1200	Written examination
1200 - 1230	Briefing Phase 2, 3 and closing

REGISTRATION FORM

MTS SPIROMETRY CERTIFICATION PROGRAMME PHASE 1

Registration	Please choose/tick	Early Bird Before 1.3.2025	Late registration 1.3.2025 and after
MTS Member		RM 500.00	RM 600.00
Non-MTS Member		RM 650.00	RM 750.00
Non-Malaysian		USD 300	USD 400
MTS Member Phase 1 and Phase 3		RM 900.00	RM 1,100.00
Non-MTS Member Phase 1 and Phase 3		RM 1,200.00	RM 1,500.00

On-site registration will not be accepted! Place are limited.

No refund for cancellation after 1 March 2025.

Government Local Purchase Orders (LPO) are not accepted!

All payments by cheques should be issued in favour of "**Malaysian Thoracic Society**"
Payments can be made via telegraphic transfer to the following account:

Account Name : Malaysian Thoracic Society

Account Number : 873-1-0420229-5

Name of Bank : Standard Chartered Bank Berhad

Address of Bank : Publika Branch Solaris Dutamas Jalan Dutamas 1,
50480 Kuala Lumpur

(Please return the remittance advice note along with this form either by fax or email. Document image by email is also acceptable)

Each registration per participants

All information is required

Name : _____ Dr / Ms / Mr

Phone Number : _____

Personal Email : _____

Hospital : _____

MTS Member ? : Yes / No Payment Amount : _____

Date of Payment : _____

Payment Reference Number : _____

Please include attachments as below :

1. Proof of Payment

Any enquiries please contact :

Email : mts.spirometry@gmail.com

Tel : 03-2856 4053

Fax : 03-2856 4195

Registration :

