

MTS SPIROMETRY

CERTIFICATION PROGRAMME

PHASE 1 COURSE

18th - 19th May 2024

Postgraduate Centre, Level 3, Hospital Tunku Azizah

Organized by:



MALAYSIAN THORACIC SOCIETY

Supported by:



MINISTRY OF HEALTH MALAYSIA

DAY 1 18th May 2024

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 19th May 2024

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	Breifing Phase 2, 3 and closing

REGISTRATION FORM

MTS SPIROMETRY CERTIFICATION PROGRAMME PHASE 1

Registration	Please choose/tick	Early Bird Before 15th March 2024	Late registration After 15th March 2024
MTS Member		RM 500.00	RM 550.00
Non-MTS Member		RM 600.00	RM 650.00
Non-Malaysian		USD 200	USD 250
MTS Member Phase 1 and Phase 3		RM 900.00	RM 1,000.00
Non-MTS Member Phase 1 and Phase 3		RM 1,000.00	RM 1,200.00

On-site registration **WILL NOT** be accepted. **Places are limited**. Registration will close once all places are taken. **No refund** for cancellation **after 15th March 2024**

All payments by cheques should be issued in favour of "Malaysian Thoracic Society" Payments can be made via telegrahic 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 accetable)

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 b 1.Proof of Payment	elow:	

Any enquiries please contact:

Email: mts.spirometry@gmail.com

Tel: 03-2856 4053 Fax: 03-2856 4195



Registration: