

CLINICAL RESEARCH PROPOSAL WRITE-UP WORKSHOP

22nd April 2026 and 25th May 2026

8 a.m till 5 p.m

Seminar Room 1-3,
Pusat Pascasiswazah, Level 3,
Hospital Tunku Azizah

Organized by :



CLINICAL RESEARCH
CENTRE (CRC)
HOSPITAL TUNKU AZIZAH
KUALA LUMPUR

In Collaboration with :



MALAYSIAN
THORACIC
SOCIETY



Tentative Program

22 April 2026

8:00 am - 9:00 am Registration and Breakfast	12:45 pm - 2:00 pm Lunch Break
9:00 am - 10:00 am Guidance on writing a good research proposal	2:00 pm - 5:00 pm Hands-on group work
10:00 am - 11:30 am Presentation of research proposal draft	5:00 pm End of Day 1 program
11:30 am - 12:45 pm Hands-on group work	

8:00 am - 9:00 am Registration and Breakfast	12:50 pm - 2:15 pm Lunch Break
9:00 am - 11:00 am Presentation of full research proposal	2:15 pm - 4:30 pm Hands-on group work
11:00 am - 11:20 am Morning Break	4:30 pm - 5:00 pm Closing Session
11:20 am - 12:50 pm Presentation of full research proposal (continued)	5:00 pm End of Day 2 program

25 May 2026

REGISTRATION FORM

Clinical Research Proposal Write-Up Workshop

Registration	Fee	8% SST	Total Fee	/
MTS Member or MOH staff	RM 350.00	RM 28.00	RM 378.00	
Others	RM 400.00	RM 32.00	RM 432.00	

On-site registration WILL NOT be accepted. Places are limited. Registration will close once all places are taken.

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 : _____
 IC No. : _____ Designation: _____
 Department/Klinik Kesihatan : _____
 Hospital/Pusat Kesihatan Daerah : _____
 MTS Member ? : Yes / No Dietary Preference : Non-Vegetarian / Vegetarian
 Payment Amount : _____ Date of Payment : _____
 Payment Reference Number : _____
 Please include attachments as below :
 1. Proof of Payment

Any enquiries please contact :

Clinical Research Centre (CRC),
 Hospital Tunku Azizah
 Email : researchwchkl@moh.gov.my
 Tel : 03-2600-3000 (ext 2120)

All participants are required to email a draft of the research proposal by 5pm, 8th April 2026