



Organized by :



**CRC**  
CENTRE FOR CLINICAL RESEARCH  
HOSPITAL TUNKU AZIZAH KUALA LUMPUR

CLINICAL RESEARCH  
CENTRE (CRC)  
HOSPITAL TUNKU AZIZAH  
KUALA LUMPUR

In Collaboration with :



MALAYSIAN  
THORACIC  
SOCIETY

CPD POINT  
AVAILABLE

# Statistical Analysis Using Microsoft **Excel**

Conducted by a statistician with wide experience in clinical research



Scan to register

**19 May 2026**

8 A.M - 5 P.M

Bilik Makmal Komputer,  
Cawangan Teknologi  
Maklumat,  
Hospital Tunku Azizah

# Tentative Program

**8:00 am - 8:30 am**

Registration and Breakfast

**8:30 am - 9:30 am**

Introduction to Excel

**9:30 am - 10:30 am**

Descriptive Statistics

**10:30 am - 10:45 am**

Morning Break

**10:45 am - 11:30 am**

Inferential Statistics

**11:30 am - 12:45 pm**

T-Test

**12:45 pm - 2:00 pm**

Lunch Break

**2:00 pm - 3:30 pm**

ANOVA

Chi-square test

**3:30 pm - 3:45 pm**

Afternoon Break

**3:45 pm - 4:45 pm**

Correlation & Regression Analysis

**4:45 pm - 5:00 pm**

Q&A Session

**5:00 pm**

End of Session

## REGISTRATION FORM

Statistical Analysis Using Microsoft Excel 1

Registration	Fee	8% SST	Total Fee	/
MTS Member or MOH staff	RM 200.00	RM 16.00	<b>RM 216.00</b>	
Others	RM 250.00	RM 20.00	<b>RM 270.00</b>	

**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 :**

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Hospital Tunku Azizah

Email : researchwchkl@moh.gov.my

Tel : 03-2600-3000 (ext 2120)