Organized by:



CLINICAL RESEARCH CENTRE (CRC) HOSPITAL TUNKU AZIZAH KUALA LUMPUR In Collaboration with :

MALAYSIAN
THORACIC

SOCIETY



Statistical Analysis Using SPSS Workshop

Facilitator: Professor Dr Karuthan Chinna

10th & 11th June 2024

8 A.M - 5 P.M

Bilik Makmal Komputer, Cawangan Teknologi Maklumat, Tingkat 3, Hospital Tunku Azizah

Kindly bring your own laptop with SPSS software installed

REGISTER NOW



LIMITED SEATS!

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8:00 am - 8:30 am Registration and Breakfast at CRC

8:30 am - 10:00 am

- Introduction to Statistics
- Data Entry in SPSS
- Data Management in SPSS

10:00 am - 10:15 am Break

10:15 am - 11:15 am **Descriptive Statistics**

11:15 am - 12:45 pm Inferential Statistics

12:45 pm - 2:00 pm Lunch Break

2:00 pm - 3:30 pm

- · One sample t-test
- · Paired samples ttest

3:30 pm - 3:45 pm Break

3:45 pm - 5:00 pm

- Independent samples t-test
- One-way ANOVA
- Nonparametric test

5:00 p.m Tea

End of Session

8:00 am - 8:30 am Registration and Breakfast

CRC

8:30 am - 10:00 am

- Contingency tables
- · Chi-square test
- Odds and Risk Ratios

10:00 am - 10:15 am Break

10:15 am - 12:45 am Bivariate analysis

- Scatter plots
- Correlation

Regression

12:45 pm - 2:00 pm

Lunch Break

2:00 pm - 3:30 pm

Multiple Linear Regression

3:30 pm - 3:45 pm

Break

3:45 pm - 5:00 pm **Logistic Regression**

5:00 p.m

Tea

End of Session

REGISTRATION FORM

STATISTICAL ANALYSIS USING SPSS

Registration	Registration Fee	Please choose/tick
MTS Member and MOH staff	RM 300.00	
Others	RM 350.00	

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 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
Position :	
Grade (if government staff) :	
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 :

Clinical Research Centre (CRC), Hospital Tunku Azizah

Email: researchwchkl@moh.gov.my Tel: 03-2600-3000 (ext 2120)

