

TB IN CHILDREN

for

Treatment Centre



Scan to register

14 April 2026
Tuesday

Postgraduate Centre,
Level 3,
Hospital Tunku Azizah,
Kuala Lumpur

Organized by :



MALAYSIAN THORACIC SOCIETY



MINISTRY OF HEALTH MALAYSIA

PRELIMINARY PROGRAMME

TB IN CHILDREN
for
Treatment Centre
14 April 2026

0800-0830

Registration

0830-0845

Welcome Speech

0845-0915

Paediatric Chest Xray - *Dr Normawati Mat Said*

0915-0935

Overview of Tuberculosis in children - *Dr Asiah Kassim*

0935-1015

Chest Xray in Tuberculosis - *Dr Normawati Mat Said*

1015-1045

Tea Break

1045-1100

BCG Vaccination - *Dr Haiza Hamidun*

1100-1130

Screening for TB Disease - *Dr Shangari Kunasselan*

1130-1200

TB infection in children - *Dr Tiew Wah Tin*

1200-1230

Case Discussion I - *Dr Siti Aishah Abdul Rahim*

1230-1250

Sponsored Symposium

1300-1415

Lunch Break

1415-1445

TB Diagnosis - *Dr Noor Ain Noor Affendi*

1445-1515

Principle of Tuberculosis Management - *Dr N. Fafwati*

1515-1545

Case Discussion 2 - *Dr Asiah Kassim*

1545-1615

Case Discussion 3 - *Dr AP Dr Hafizah Zainuddin*

1615-1700

Q&A

1700-1730

Closing

REGISTRATION FORM

TB IN CHILDREN FOR TREATMENT CENTRE

Category	Early Bird Before 15 th March 2026			Late registration 15 th March 2026 and after		
	Fee	8% SST	Total Fee	Fee	8% SST	Total Fee
MOH / MTS Member	RM 100.00	RM 8.00	RM 108.00	RM 150.00	RM 12.00	RM 162.00
Others	RM 150.00	RM 12.00	RM 162.00	RM 200.00	RM 16.00	RM 216.00

Limited spots available! Registration closes once all spots are filled. No LPOs accepted. Cancellations after 30th March 2026, are non-refundable.

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 : _____	
Institution : _____	
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 : htajktb@gmail.com
Tel : 03-2600 3000 (ext 2123/2120)

Jawatankuasa Kawalan Penyakit TB,
Clinical Research Centre (CRC),
Hospital Tunku Azizah

TB in Children for Treatment Centre

14th April 2026,

Pusat Pasca-Ijazah, Hospital Tunku Azizah Kuala Lumpur

0800-0830: Pendaftaran

0830-0845: Kata Aluan

0845-0915: Paediatric Chest Xray - Dr Normawati Mat Said

0915-0935: Overview of Tuberculosis in children- Dr Asiah Kassim

0935-1015: Chest Xray in Tuberculosis - Dr Normawati Mat Said

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