

# **TB IN CHILDREN** **for treatment** **centre** *Workshop*

09<sup>th</sup> - 10<sup>th</sup> August 2025

Hospital Sultanah Nur Zahirah,  
Kuala Terengganu,  
Terengganu

Organized by :



MALAYSIAN THORACIC SOCIETY

and



MINISTRY OF HEALTH MALAYSIA



# PRELIMINARY PROGRAMME

9 August 2025

DAY 1

0800-0830	Registration
0830-0900	TB in Children, Surveillance and National TB Information System
0900-0930	TB and BCG
0930-0950	TEA-SYMPOSIUM
0950-1030	Morning Tea
1030-1100	Radiographic changes in normal and respiratory tract infection- chest radiographs in children
1100-1130	Screening for TB
1130-1200	Making TB diagnosis
1200-1220	LUNCH SYMPOSIUM
1220-1400	Lunch
1400-1500	Case Discussion 1
1500-1530	TB Registry: Notification and Diagnosis
1530-1600	Case Discussion 2
1600	End Day 1

10 August 2025

DAY 2

0800-0830	Registration
0830-0900	Radiology Imaging in Tuberculosis
0915-0945	TB Management in Children
0945-1005	TEA-SYMPOSIUM
1005-1035	Morning Tea
1035-1055	TB Registry: Follow-Up
1100-1120	Latent TB Infection in Children
1120-1140	TB Registry: LTBI
1140-1215	Case Discussion 3
1215-1230	Closing
1230-1400	Lunch

## REGISTRATION FORM

Registration	Fee
MTS Member / MOH staff	RM 100.00
Others	RM 150.00

**Limited spots available! Registration closes once all spots are filled. No LPOs accepted. Cancellations after 15th July 2025, 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 :**

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

Email : htajktb@gmail.com  
Tel : 03-2600 3000 (ext 2120)

**REGISTER  
NOW!**

