

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

26th - 27th July 2025

**Auditorium Rafflesia,
Aras 2,
Hospital Enche' Besar Hajjah Khalsom,
Kluang.**

Organized by :

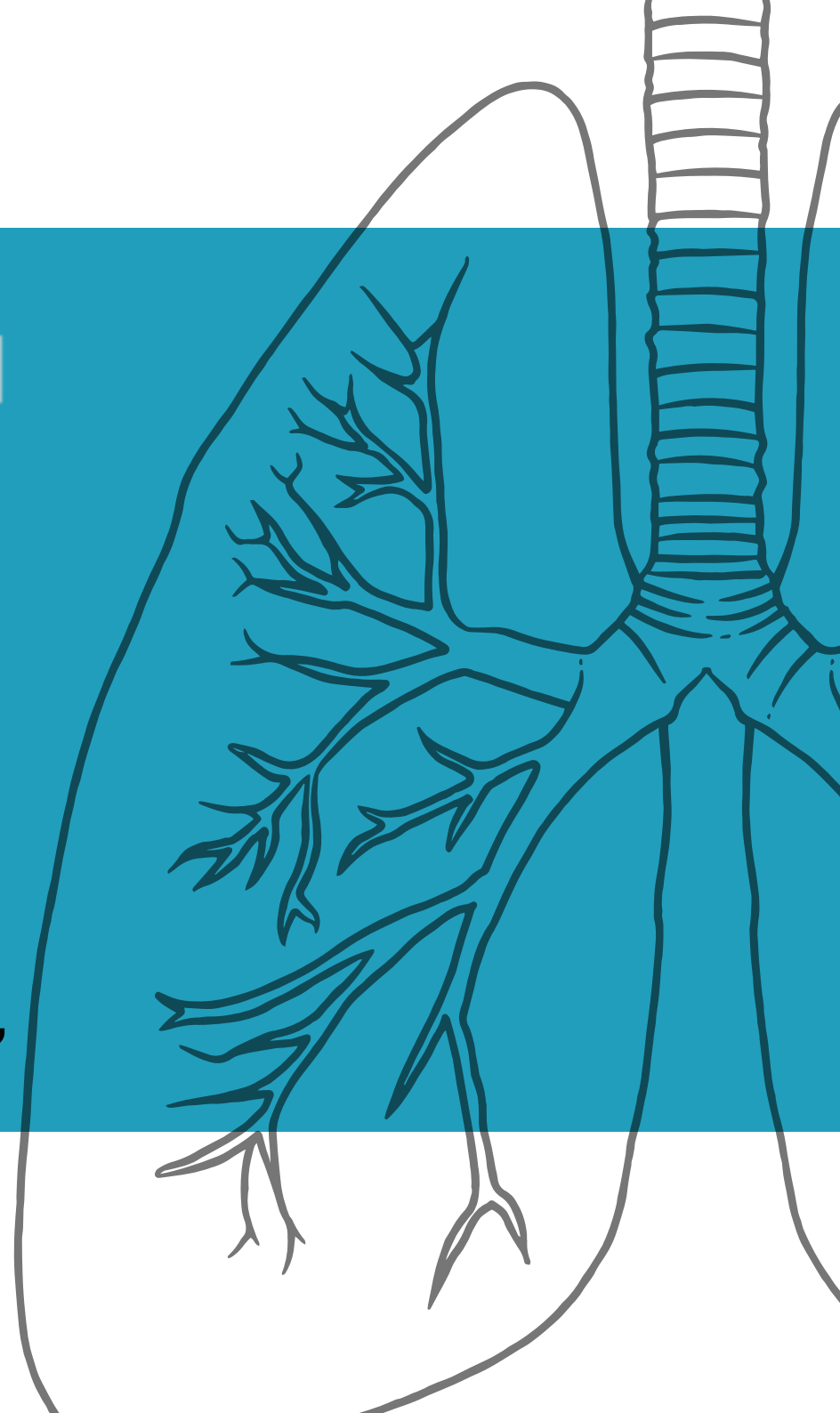


MALAYSIAN THORACIC SOCIETY

and



MINISTRY OF HEALTH MALAYSIA



PRELIMINARY PROGRAMME

DAY 1 26 July 2025

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

DAY 2 27 July 2025

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 1st 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!**

