

# TB IN CHILDREN for treatment centre

*Workshop*

17<sup>th</sup> - 18<sup>th</sup> April 2025

Postgraduate Centre,  
Level 3,  
Hospital Tunku Azizah

Organized by :

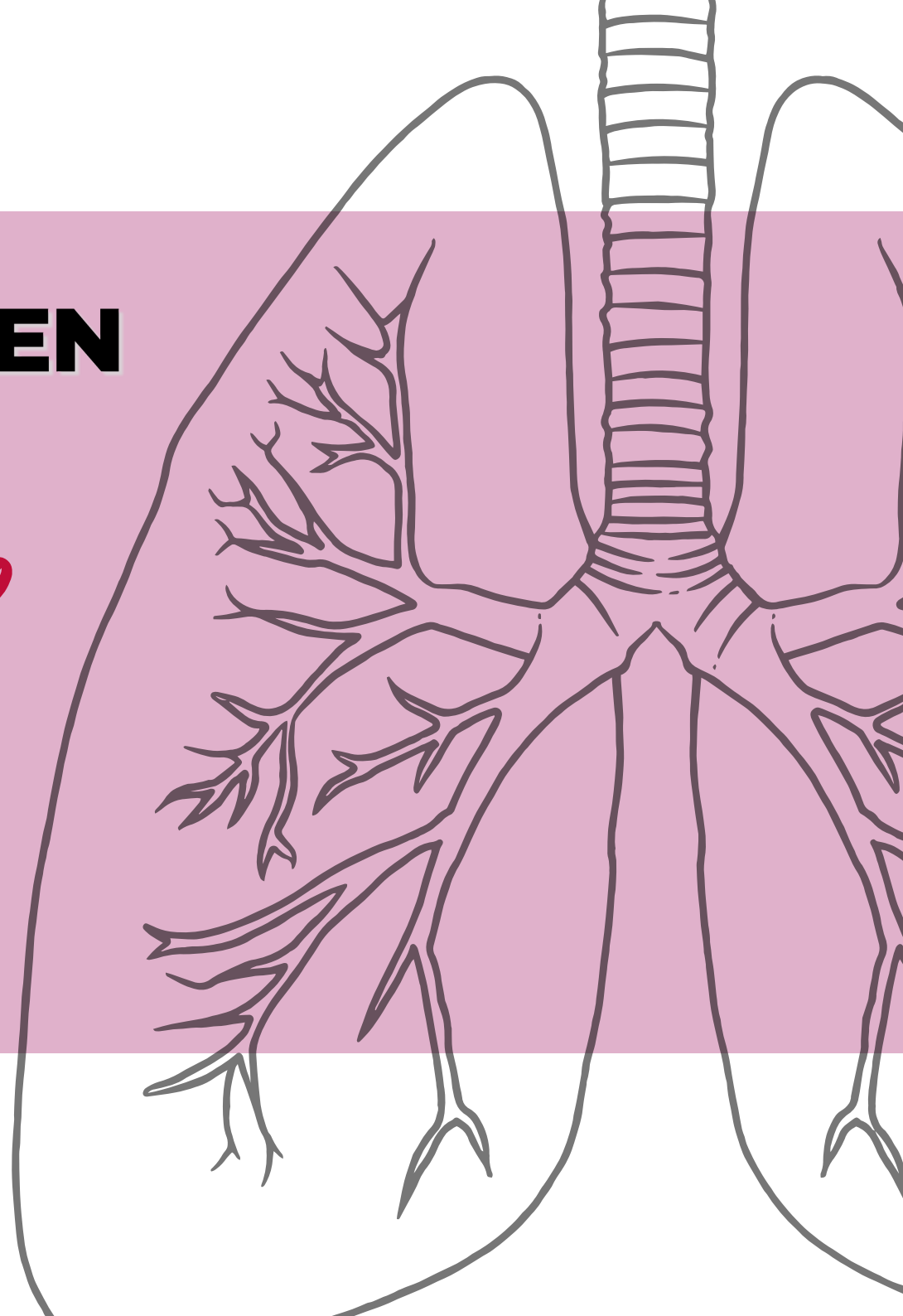


MALAYSIAN THORACIC SOCIETY

and



MINISTRY OF HEALTH MALAYSIA



# PRELIMINARY PROGRAMME

DAY 1 17 April 2024

0800-0830	Registration
0830-0900	TB in Children, Surveillance and National TB Information System
0900-0930	TB and BCG
<b>0930-0950</b>	<b>TEA-SYMPOSIUM</b>
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
<b>1200-1220</b>	<b>LUNCH SYMPOSIUM</b>
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 18 April 2024

0800-0830	Registration
0830-0900	Radiology Imaging in Tuberculosis
0915-0945	TB Management in Children
<b>0945-1005</b>	<b>TEA-SYMPOSIUM</b>
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
<b>1215-1230</b>	<b>Closing</b>
1230-1400	Lunch

## REGISTRATION FORM

Registration	Fee
MTS Member / MOH staff	RM 80.00
Others	RM 120.00

Limited spots available! Registration closes once all spots are filled. No LPOs accepted. Cancellations after 1st April 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!**

