

TRAINING ON “INTRODUCTION TO CLINICAL RESEARCH”

ORGANIZED BY:

PERTUBUHAN PENDIDIKAN
PERUBATAN LEPASAN IJAZAH (PPPLI
HTAA)

COLLABORATION WITH:

CLINICAL RESEARCH CENTRE (CRC)
HOSPITAL TENGKU AMPUAN AFZAN
(HTAA)

Date: 21 - 23 Feb 2017

Venue: IT Lab, Level 4, ACC
Building HTAA.

PERTUBUHAN PENDIDIKAN
PERUBATAN LEPASAN IJAZAH
HTAA KUANTAN, PAHANG



OBJECTIVES

To provide potential researchers with the fundamentals for various parts of the life-cycle of clinical research to enable them to confidently embark on research.

WHO SHOULD ATTEND

- MO/ Pharmacist / Science Officer / Physiotherapist/ Rehabilitation Officer / Dental Officer that interested in research but have no prior knowledge or experience.

AT THE END OF THE WORKSHOP, PARTICIPANTS SHOULD BE ABLE TO:

- Understand the regulatory environment for clinical research.
- Understand basic concepts in the preparation of study proposals and protocols.
- Understand basic concepts in the design, conduct and dissemination of findings of clinical research.

TOPICS

- **Clinical Research-What is it?**
- **How Clinical Research is Regulated**
- **Research Ethics Involving Human Subject**
- **Research and Publication Misconduct**
- **Elements in Protocol Involving Human**
- **Essential Elements for Research Funding**
- **Pubmed Search and Literature Review**
- **Use of Existing Data Resource**
- **Study Designs**
- **Critical Appraisal**
- **Good Statistical Practice**
- **Project Management**
- **Good Data Management Practice**
- **Safety and Reporting of Event**
- **Output Publication /Presentation**

REGISTRATION FEE

- RM 100.00 /pax
- Payment to PERTUBUHAN PENDIDIKAN PERUBATAN LEPAS IJAZAH (HTAA) Kuantan, Pahang
- **RHB Bank Berhad, Account No. 20601200123739 (Cash/ Online transfer)**

SELECTION OF PARTICIPANTS

The **number of participants** is limited to **20** to enable closer interaction. Interested individuals are requested to submit a completed registration form to the Organizing Secretariat not later than **10 February 2017. FINAL SELECTION OF PARTICIPANTS WILL BE DONE BY THE ORGANIZER. ONLY SHORTLISTED PARTICIPANTS WILL BE NOTIFIED.**

For further information, please contact:

The Organizing Secretariat

TRAINING ON INTRODUCTION TO CLINICAL RESEARCH

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REGISTRATION FORM

| Participant Information | | | |
|---|---|--|---|
| Salutation | : | Dato'/Datuk/Datin/Prof/Assoc Prof/ Dr/ Mr/ Mrs/ Ms/ Others | |
| Name in full (as in NRIC) | : | | |
| Gender (tick √) | : | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Work Title/Designation | : | | |
| Telephone/Mobile number | : | | |
| Email Address | : | | |
| Organization Name | : | | |
| Department/Unit | : | | |
| Mailing Address | : | | |
| | | | |
| | | | |
| Meal Request (tick √) | : | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Non-vegetarian |
| State reason for attending training (Please note that this is the most important consideration for selection of participant) | : | | |
| Payment method (tick √) | : | <input type="checkbox"/> Cash | <input type="checkbox"/> Cash Deposit/Online transfer |
| Signature | : | | |