

In Collaboration With:





WORKSHOP ON COCHRANE SYSTEMATIC REVIEW OF INTERVENTION STUDIES

DATE

16 - 18 January 2024 (Tuesday - Thursday)

TIME

9:00am - 5:00pm

VENUE

International Medical University, Bukit Jalil, Kuala Lumpur, Malaysia

▶KEYNOTE SPEAKERS •



Prof Dr Jacqueline Ho
Co-Director of Cochrane Malaysia
Senior Editor for Cochrane
Neonatal Group
Cochrane Author, Reviewer,
and Trainer



Prof Dr Moy Foong MingProfessor of Epidemiology and Public Health,
Universiti Malaya
Cochrane Author, Reviewer and Trainer



A/Prof Dr Teguh Haryo Sasongko Deputy Director Commercialisation and Support, IRDI, IMU Cochrane Author, Reviewer, and Trainer



Dr Htet Htet School of Medicine, IMU Cochrane Author

ochrane is a non-profit organisation that produces and shares high quality information about healthcare interventions worldwide. Its systematic reviews, called Cochrane Reviews, aim to inform healthcare decisions through high-quality research evidence published in the Cochrane Database of Systematic Reviews. The Workshop on Cochrane Systematic Review of Intervention Studies provides an overview of the Cochrane format, covering topics such as formulating questions, searching relevant studies, assessing risk of bias, and conducting meta-analysis through a mix of presentations and small group activities over three days.

OBJECTIVES

- 1. To introduce participants to Cochrane and the Cochrane Database of Systematic Reviews.
- 2. To provide skills and knowledge needed to register a title and prepare a Cochrane protocol and a Cochrane review.
- 3.To provide dedicated time in helping potential Cochrane authors in developing a title for a Cochrane review.

REGISTRATION FEE (inclusive of SST)

REGULAR

RM800





CONTACT US

SECRETARIAT

T +603 2731 7669 / 7072 / 7331 | **E** icl@imu.edu.my



Ĺ	1	3
-		2
ł)
(7	2
į	2	2
()
į		Ξ
3	7	=
	Š	_
C	Υ	4
i	_	_
į	2	2
Ĭ	7	_
Ċ	Ė	5
	_	_
1	5	>
į	Ė	Ė
í	1	<u>></u>
0	Υ	_
(ر
i		Ξ
	<	5
	<	<u>ر</u>
4 4 L	V	
L		
LHUSSO		
A LIHOUS D		
L H CO L		
THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS O	$\vee \vee \perp \vee \wedge \vee \perp \vee \vee$	
L HONO LINE OF		
L HOSTO LITTLE COLUMN		
Little Control		<u> </u>
LI-CO LIVE COO		
Lie Control Control		ていこう コンスニンつフィー
LITTO LITTO COLUMN		
THE POST OF THE PO		

REGISTRATION	N FORM			
SURNAME / LAST N	IAME:			
FIRST NAME:				NATIONALITY:
GENDER: MALE	☐ FEMALE ☐	TITLE: MR MRS MS	PROF□ DR□	OTHER:
ORGANISATION:		PUBLIC	PRIVATE	
DEPARTMENT:		POSITION:		
TEL NO: ()		FAX NO: ()		MOBILE PHONE NO:
ADDRESS:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
POSTCODE:		CITY:		STATE:
Please indicate who	ether this is your office or	home address: ORGANISA	TION ☐ HOME ☐	
EMAIL:	,			
ORGANISATION'S \	WEBSITE (IF ANY):			
ARE YOU AN IMU A		YES NO		
DIETARY NEEDS/PR	REFERENCE: VEGETAF	RIAN □ NON-VEGETARIAN □]	
REGISTRATION	N FEE			
Regular: ☐ RM800				_
Regular Riviou				
MODE OF DAY	ALDIT			
MODE OF PAY				
PLEASE TICK YOUR	OPTION:			
CASH				
	Malaysian banks only)			
CREDIT CARD	·	processing of my card for the sui		
	·	lowing sections. These details a		urposes.
		SA MASTERCARD	ISSUING BANK:	
		(as it appears on the card):		
	CARD NUMBER:			
	CARD EXPIRY DATE:]/ (MM/YY)		
	CARD SECURITY CODE	(3 digits found on reverse Visa	Mastercard)	
BANK DRAFT*	BANK OF ISSUE:	DATE:	TO ⁻	TAL AMOUNT (RM):
* Payable to IMU Education		D 00)		
	v.imu.edu.my/icl through i	Pay88)		
CANCELLATIO	N POLICY			
		ade in writing to the Secretariat		0% refund of registration fee for cancellation made
	Cochrane Systematic Reviev refund of registration fe	v of Intervention Studies. e for cancellation made by 16	before 2 January 20 5. There will be no r	124. refund of registration fee for cancellation made on 2
November 2023.	•	•	January 2024 and	thereafter.
3. There will be a 50 16 December 202		ee for cancellation made before		rves the right to cancel or change the topic or trainer of or whatever reasons beyond its control, the workshop
TO December 202	.5.			scheduled or the topics need to be altered.
DECLARATION	AND AUTHORISAT	TION		
1 Loonfirm that the	e above information is cor	rect and I will inform IMU when	there is any change to t	this information
		e processing of my personal dat		
	Signature			 Date
	2.9.14.41.0			Date

DISCLAIMER:

The organiser reserves the right to make such alterations to the programmes as circumstances dictate and will not accept responsibility for any errors, omissions or changes made to the speakers' information. The views and opinions expressed by the speakers at this workshop are not necessarily the views and opinions of the organiser.

