

FEES

**RM 424 (Postgraduate student
of UM/UMMC)**

RM 636 (Staff of UM/UMMC)

RM 848 (Others)



**CLINICAL INVESTIGATION CENTRE
5th FLOOR EAST TOWER
UNIVERSITY MALAYA MEDICAL CENTRE
59100 ,KUALA LUMPUR.**



**Mdm Hidayah / Mdm Anis
03 - 7949 2351 / 2886**



**anisnabila@um.edu.my
hidayah@um.edu.my**

Registration fees includes course materials and refreshments.

CANCELLATION

Cancellation must be made in writing to the organizers. Full refund for cancellation done more than 3 weeks and 50% refund for cancellation done not less than 10 days. No refund for cancellation done less than 7 days and no show. We reserved the right to change the date(s) or speaker (s) of this course, if deem fit, without prior notice. We further reserved the right to cancel the course without liability other than return of the course fee.

Endorsed by

Ministry of Health



GOOD CLINICAL PRACTICE WORKSHOP

**DATE :
03 – 05 JULY 2018**

**TIME :
0800 hrs - 1700 hr**

**VENUE :
BILIK SERBAGUNA,
4TH FLOOR,
FACULTY OF MEDICINE
UM**

ORGANISER :



Clinical Investigation Centre
Leader in Clinical Research

WORKSHOP PROGRAMME

DAY 1

- Registration
- Overview of GCP Workshop & Clinical Trial
- Overview of ICH-GCP and its difference from the Malaysian GCP
- Ethics and the IRB/IEC
- Clinical Trial Protocol & Investigator's Brochure
- Informed Consent Process

DAY 2

- Investigator's Responsibility
- Role of Study Coordinator
- Working with Sponsor (Includes Role of the Monitor)
- Safety Monitoring and Reporting
- Audit and Inspection

DAY 3

- Specific Legal Issues in relation to Clinical Trials
- Regulation of Clinical Research in Malaysia
- Preparation of GCP Examination
Φ Multiple Choice Question Examination for GCP Certification

CERTIFICATES ARE ONLY AWARDED TO PARTICIPANTS UPON FULL ATTENDANCE AND 80% PASS IN THE MCQ ASSESSMENT. THESE ARE MINISTRY OF HEALTH REQUIREMENTS.

GCP Course tentative dates:

- ◆ 20-22 March 2018
- ◆ 03-05 July 2018
- ◆ 23-25 October 2018
- ◆ 04-06 December 2018

PAYMENT METHOD



payable to :

**PUSAT PERUBATAN UNIVERSITI MALAYA
14171010007496 (BANK ISLAM)**

REGISTRATION FORM

NAME : PROF / ASSOC. PROF. / DR / MR / MRS / MS

(Please print name in block letters as you wish it to appear in the certificate)

IC NUMBER

INSTITUTION / DEPARTMENT / UNIT / PTj :

CONTACT ADDRESS :

TEL : _____

EMAIL : _____

- Staff of UM/UMMC
- Student of UM/UMMC
- Others

MODE OF PAYMENT

- Cash
- Online Banking
- Cheque

Student Number _____

- Vegetarian
- Non-Vegetarian