ວິທີສະໝັກເຂົ້ານຳໃຊ້ HINARI

Vannyda Namvongsa, MD, Setthathirath Hospital

Kristina Krohn, MD, Health Frontiers

21/03/2017

HINARI

* ສະຖາບັນ
* ມະຫາວິທະຍາໄລ
* ໂຮງໝໍ,..

ກ່ອນລົງທະບຽນສະໝັກ

- ເຫັນດີຈາກອຳນວຍການ, ຄະນະບໍດີ,....
- ມີ Internet ແລະ Computer
- ຄວນມີຫ້ອງສະໝຸດ: Internet ແລະ Computer

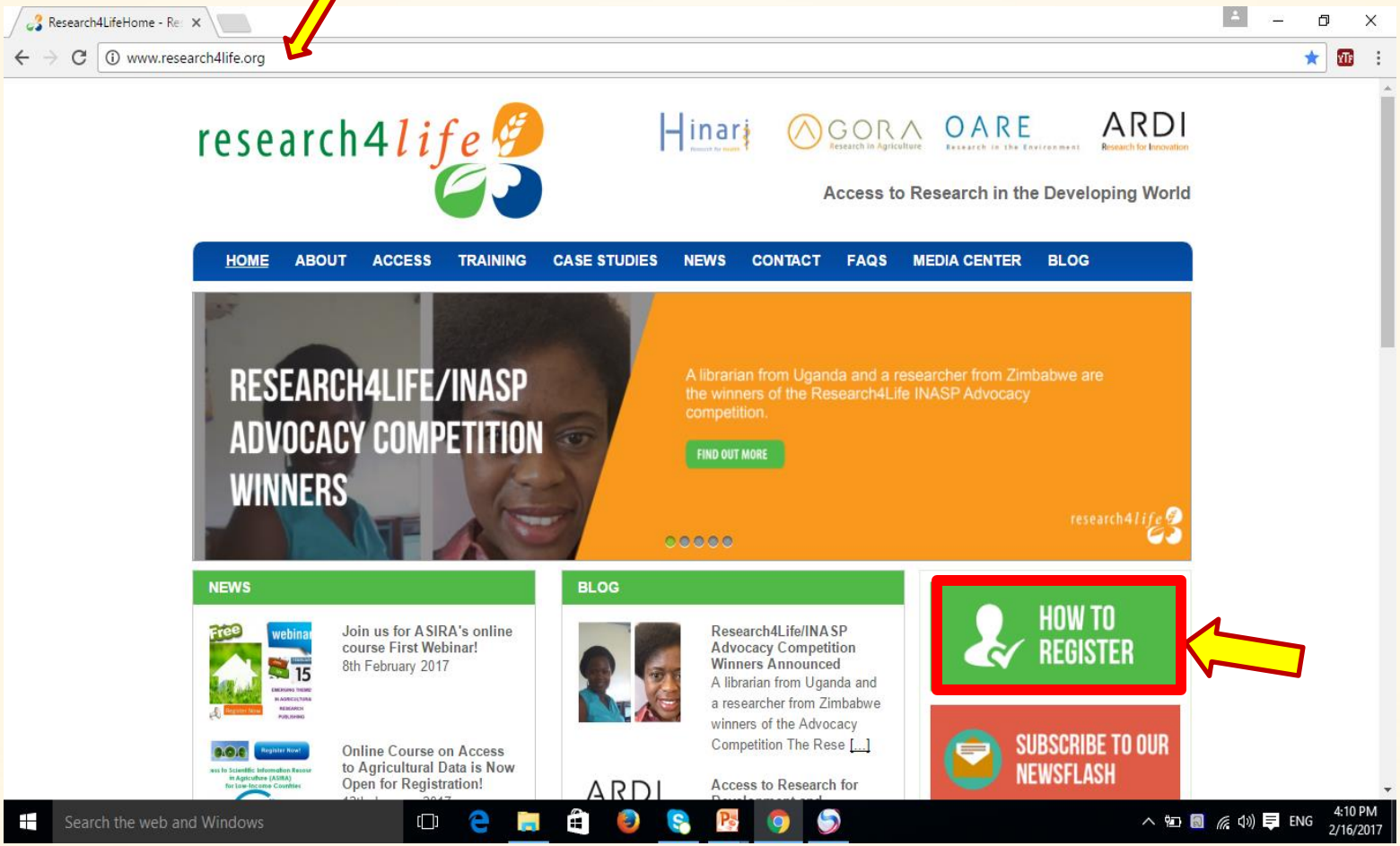
ກ່ອນລົງທະບຽນສະໝັກ

- Email to: hinari@who.int
- ສອບຖາມວ່າໄດ້ລົງທະບຽນແລ້ວ ຫຼື ຍັງ?

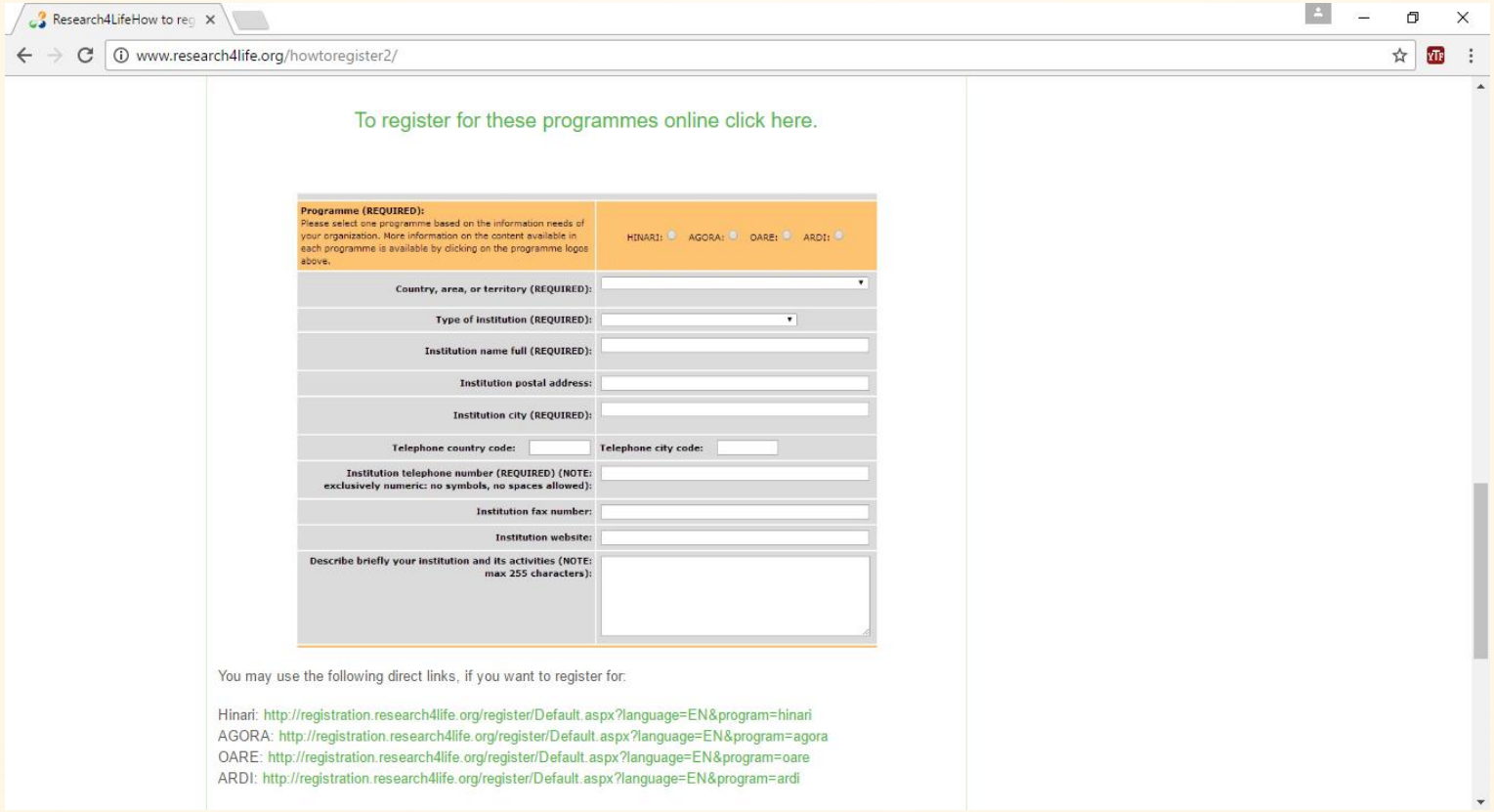
ຂັ້ນຕອນທີ 1: ເຂົ້າເວັບໄຊເພື່ອລົງທະບຽນ

www.research4life.org

www.research4life.org



ເລື່ອນ Mouse ລົງໄປທາງລຸ່ມກ່ຽວຈະເຫັນ



ຂັ້ນຕອນທີ 2: ລົງທະບຽນ

Programme (REQUIRED): Please select one programme based on the information needs of your organization. More information on the content available in each programme is available by clicking on the programme logos above.	HINARI: ◉ AGORA: ○ OARE: ○ ARDI: ○
Country, area, or territory (REQUIRED):	Lao People's Democratic Republic - [Group A]
Type of institution (REQUIRED):	Teaching Hospital
Institution name full (REQUIRED) (NOTE: max 255 characters):	****Hospital Name Here****
Institution postal address:	
Institution city (REQUIRED):	***City****
Telephone country code: +856	**Telephone city code:**
Institution telephone number (REQUIRED) (NOTE: exclusively numeric: no symbols, no spaces allowed):	****Phone Number***
Institution fax number:	
Institution website:	
Describe briefly your institution and its activities (NOTE: max 255 characters):	

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ຂໍ້ມູນຕົນເອງ

Registrant

Your salutation title: Dr	**Your email (REQUIRED):** **********@gmail.com * Must be correct for us to send the registration details.
Given/First Name: Kristina	**Your family name (REQUIRED):** Krohn
Your position: Physician	**Your department:** Internal Medicine

Librarian/Information Liaison

Salutation title:	**Librarian's email (REQUIRED):** Must be correct for us to send the registration details
Given/First Name:	**Family name (REQUIRED):**

Director

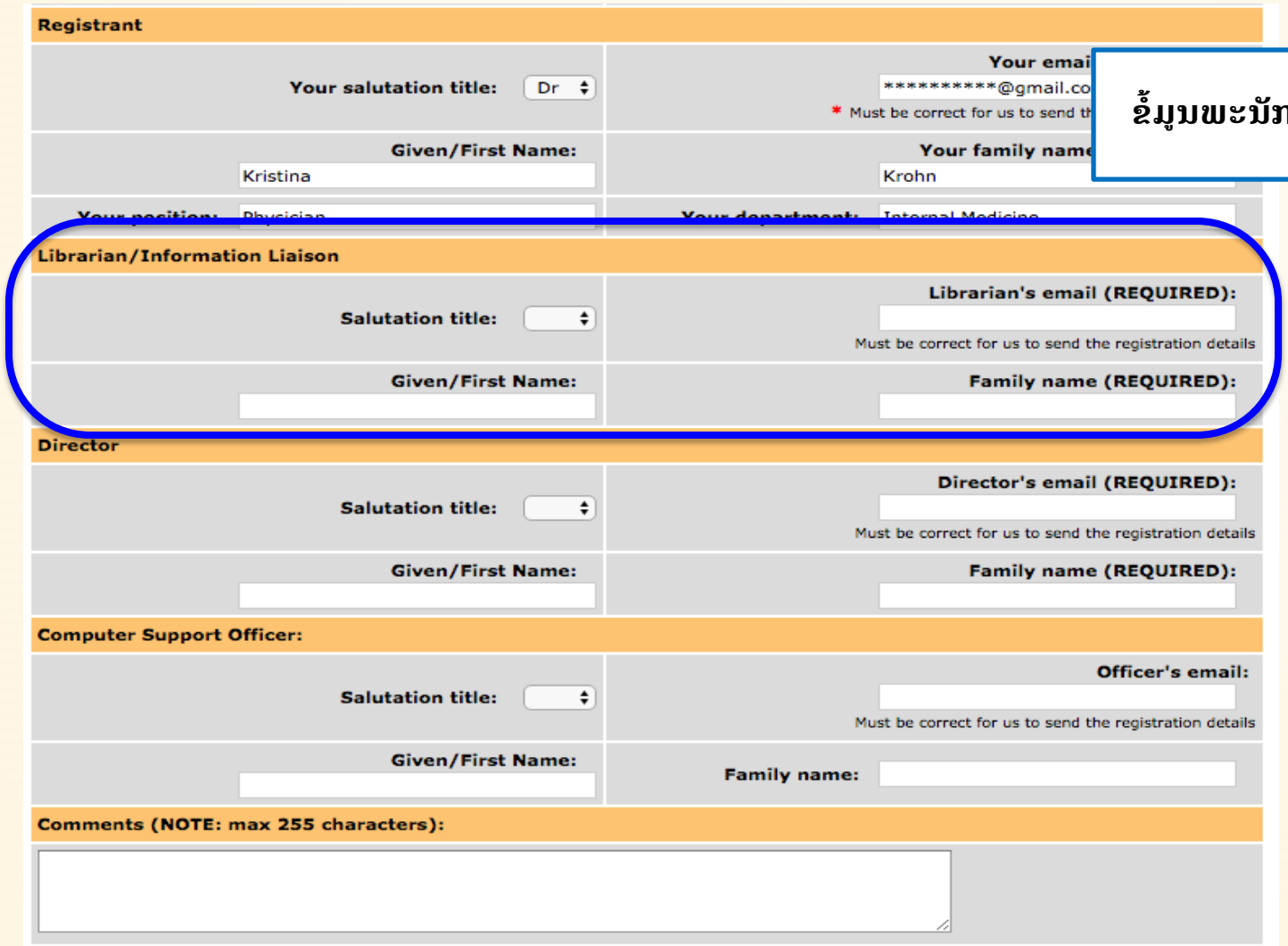
Salutation title:	**Director's email (REQUIRED):** Must be correct for us to send the registration details
Given/First Name:	**Family name (REQUIRED):**

Computer Support Officer:

Salutation title:	**Officer's email:** Must be correct for us to send the registration details
Given/First Name:	**Family name:**

Comments (NOTE: max 255 characters):

ຂັ້ນຕອນທີ 2: ລົງທະບຽນ



ຂໍ້ມູນພະນັກງານຫ້ອງສະໝຸດ

ຂັ້ນຕອນທີ 2: ລົງທະບຽນ

Registrant

Your salutation title: Dr

Your email (REQUIRED): **********@gmail.com

* Must be correct for us to send the registration details.

Given/First Name: Kristina

Your family name (REQUIRED): Krohn

Your position: Physician

Your department: Internal Medicine

Librarian/Information Liaison

Salutation title:

Librarian's email (REQU

Must be correct for us to send the registr

Given/First Name:

Family name (REQUIRED):

Director

Salutation title:

Director's email (REQUIRED):

Must be correct for us to send the registration details

Given/First Name:

Family name (REQUIRED):

Computer Support Officer:

Salutation title:

Officer's email:

Must be correct for us to send the registration details

Given/First Name:

Family name:

Comments (NOTE: max 255 characters):

ຂໍ້ມູນອຳນວຍການ

ຂັ້ນຕອນທີ 2: ລົງທະບຽນ

Registrant

Your salutation title: Dr

Your email (REQUIRED): **********@gmail.com

* Must be correct for us to send the registration details.

Given/First Name: Kristina

Your family name (REQUIRED): Krohn

Your position: Physician

Your department: Internal Medicine

Librarian/Information Liaison

Salutation title:

Librarian's email (REQUIRED):

Must be correct for us to send the registration details

Given/First Name:

Family name (REQUIRED):

Director

Salutation title:

Director's email (REQU

Must be correct for us to send the registr

Given/First Name:

Family name (REQUIRED):

Computer Support Officer:

Salutation title:

Officer's email:

Must be correct for us to send the registration details

Given/First Name:

Family name:

Comments (NOTE: max 255 characters):

ຂໍ້ມູນພະນັກງານ IT

ຂັ້ນຕອນທີ 2: ລົງທະບຽນ

Registrant

Your salutation title: Dr

Your email (REQUIRED): **********@gmail.com

* Must be correct for us to send the registration details.

Given/First Name: Kristina

Your family name (REQUIRED): Krohn

Your position: Physician

Your department: Internal Medicine

Librarian/Information Liaison

Salutation title:

Librarian's email (REQUIRED):

Must be correct for us to send the registration details

Given/First Name:

Family name (REQUIRED):

Director

Salutation title:

Must be

Given/First Name:

Computer Support Officer:

Salutation title:

Must be correct for us to send the registration details

Given/First Name:

Family name:

Comments (NOTE: max 255 characters):

ໃສ່ຊື່ ແລະ ອີເມວຂອງຄົນທີ່ເວົ້າພາສາອັງກິດ ໄດ້ດີ ຈະເຮັດໃຫ້ຂະບວນການດຳເນີນ ເອກະສານໄວຂຶ້ນ

ກໍລະນີ

- **ພະນັກງານຫ້ອງສະໝຸດບໍ່ມີອີເມວ:**

  - ສ້າງອີເມວໃຫ້ລາວ ຫຼື ໃຊ້ອີເມວຂອງຄົນອື່ນທີ່ເຮັດວຽກແທນລາວໄດ້

- **ພະນັກງານຫ້ອງສະໝຸດບໍ່ມີ computer:**

  - ໃຊ້ໜ່ວຍໃດກໍ່ໄດ້ທີ່ມີ internet

ຂັ້ນຕອນທີ 3: ຫຼັງການລົງທະບຽນ

- HINARI team: ຈະສົ່ງຂໍ້ຄວາມທັກທາຍມາທາງອີເມວ
- ອຳນວຍການຈະໄດ້ເຊັນເອກະສານ
- ເຊັນແລ້ວໃຫ້ scan ແລ້ວສົ່ງເຂົ້າເຈົ້າຄືນທາງອີເມວ: hinari@who.int

ຂັ້ນຕອນທີ 4: ຫຼັງຈາກທີ່ໄດ້ຮັບ Username/password

www.who.int/hinari

ຂັ້ນຕອນທີ 4: ຫຼັງຈາກທີ່ໄດ້ຮັບ Username/password

- ຢືນຢັນດ້ວຍການ Log-in
- ຕິດຕັ້ງ Auto-Log-inໃສ່ computer ທີ່ມີ internet
- ຕິດຕັ້ງ wifi ໃສ່ computer ທີ່ຢູ່ຫ້ອງສະໝຸດ/ ພະແນກຕ່າງໆທີ່ເຫັນສົມຄວນ.

ດາວໂລດເອກະສານ/ວີດີໂອໄດ້ທີ່:

www.laopediatricassociation.la

ขอบใจ