

m

**Physician Name:** Ziad Salem  
**Specialty:** Hematology/Oncology  
**Office/Clinic**  
**Location:** Zakka bldg. , Cairo Street, 1st floor  
**Hours:**  
**Contact/Scheduling Information**  
**Telephone:** 961 1 355500  
**Fax:** 961 1 750 688  
**Department E-mail:** [ambcare@aub.edu.lb](mailto:ambcare@aub.edu.lb)  
**Individual E-mail:** [zs04@aub.edu.lb](mailto:zs04@aub.edu.lb)



**Clinical Interests:**

**Procedures:**

**Faculty Appointment:**

**Title:** Clinical Associate Professor  
**Department:** Internal Medicine

**Board Certification:**

**Year:**  
**Specialty:**

**Training** MD  
**University:** American University of Beirut  
**Year of Graduation:** 1973

**Internship:**

1972-1973 Internal Medicine - American University of Beirut

**Residency:**

1973-1975 Internal Medicine - American University of Beirut

**Fellowship(s):**

1976-1978 Fellowship in Hematology/Oncology-University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma  
1978-1980 Fellowship in Hematology/Oncology-University of Miami School of Medicine, Miami, Florida

**Research Interests:**