

I. PERSONAL AND STUDY DETAILS

Student's name:	Nnabuife Sandra Ifeoma	Personal ID number: 499453			
Faculty:	Faculty of Biomedical Engineering				
Study program:	y program: Systematic Integration of Processes in Healthcare				

II. EVALUATION OF THE MASTER THESIS

	Evaluation criteria	N. of points
L.	Fulfillment of the aim of the thesis and suitability of the structure of the thesis with respect to the topic (compliance with the assignment). $(0 - 30)^*$	28
	Any part or sentence of the diploma thesis assignment has to be dealt with. The full amount of points can be given to the excellent thesis only. The points are reduced in relation to the part of the assignment which is not properly dealt with or is not included at all. It is compulsory to state the aim of the thesis in the introduction.	
	Theoretical level and application of accessible sources. $(0 - 30)^*$	28
	The reader evaluates the relevance of the theoretical part of the thesis with respect to the assignment and structuring of the ideas. If word-for-word citing prevails, the reader shall decrease the rating by 15 points. (of course if copyright is abided). Moreover, another reason for decreasing the overall assessment is insufficient amount of theoretical knowledge and sources.	
	Scope of experimental work (SW, HW) and applied knowledge, quality of methodology and conclusions of the thesis. (0 - 30)*	25
	The maximum number of points can be given if the thesis has practical applications for the specific organization and can be applied there. Thesis, which is crucial with respect to widening the theoretical knowledge, can get maximum points too. The reader evaluates this aspect considering the suitability for publishing. The rating is decreased by 5 points in case of minor methodological imperfections. Inconsistency of elaboration with the theoretical background and unclear and unprofessional methodological approach leads to a decrease of the rating by at least 15 points. Also, rating can be decreased for insufficient discussion. The total of 30 points can be given for a very complex and flawless thesis including other activities such as participation in research projects or grants, active participation in writing papers, patens or utility models.	
•	Formal requisites and layout of the thesis (writing mastery, structuring, graphs, tables, citations in the text, list of references etc.). (0 - 10)*	9
	Reader evaluates formal requisites according to the rules of writing, attributes of final works, i.e. text formatting, structure of the text, references, quality of charts and tables and citations. Number of points can be reduced for noncompliance with the rules by the maximum of 2 points for each disrespected attribute. Grammatical mistakes, spelling mistakes and improper stylistics and terminology decrease the evaluation by 2-4 points. Only standard terminology should be used, especially in the Czech language (it is necessary to judge the ability to use the technical language - 2 points), graph are according to the rules (see tolerance and the influence of statistical processing - 2 points), captions are included for graphs and tables and everything is readable (2 points), citation rules are complied with according to ISO690 and ISO690-2 (2 points).	
	Total points	90

III. PROPOSED QUESTIONS FOR THE DEFENSE (OPTIONAL)

1. Could you explain the relation of Vaccine introduction costs and Healthcare costs averted to final result/conclusion?

2. Are there any other model limitations? Bias assumptions?

3.

IV. THE OVERALL ASSESSMENT OF THE LEVEL OF THE MASTER THESIS

Number of points: 100 - 90 89 - 80 79 - 70 69 - 60 59 - 50 < 50	Grade**:	A (excellent)	B (very good)	C (good)	D (satisfactory)	E (sufficient)	F (failed)
x on on on on o	Number of points:	100 - 90	89 - 80	79 - 70	69 - 60	59 - 50	< 50
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in case of F (failed) please explain in detail

I give the above grade to the master thesis and I recommend/do not recommend it for the defence.

V. COMMENTS

In general - very good thesis, perfectly structured - easy to follow the ideas, good medical overview (esp. description of EIR benefits), very good cost analysis incl. sources; timeless data used.

I would like to see also some topline evaluation of relation between costs directly used for vaccination (both - EIR as well as paper records) vs. "Healthcare costs averted". It could be discussed in separate paragraph and it could influence the conclusion (dominant alternative?).

Bias, uncertainty and sensitivity could be more discussed. I am also missing some other consequences - for example at least just to mention the issue of data safety/risks - misuses, loss, completeness (plus comparison vs. paper records from this perspective) and potentially some other benefits (QoL?, potential use of anonymized data?).

From formal perspective - I would recommend to be perfectly precise especially when commenting results - correct numbers must be connected with correct measures (e.g. 5.2.2) all graphs must have correct legends (esp. figures 3-8, different measure figure 7).

Technical comments - please check typos & correct terminology esp. in abbreviation list (EHR vs "HER", QALY = Quality-adjusted life year)

Name and surname incl. degrees: Ing. Pavel Karásek Institution: Swedish Orphan Biovitrum s.r.o. Contact address:

Signature: Date: