

I. PERSONAL AND STUDY DETAILS

Student's name:	Beqqali Yahya	Personal ID number: 473056
Faculty:	Faculty of Biomedical Engineering	
Study program:	Biomedical and Clinical Technology	
Branch of study:	Biomedical Technician	
1		

II. EVALUATION OF THE BACHELOR 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). $(0 - 30)^*$	25
	is not included at all.	
	Theoretical level and application of accessible sources. $(0 - 30)^*$	15
	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, references and sources.	
ı	Scope of experimental work (SW, HW) and applied knowledge, quality of methodology and conclusions of the thesis. (0 - 30)*	15
	Maximum number of points can be granted to a thesis which is fit for publishing. This aspect is judged with respect to enhancement of theoretical knowledge and practical implications. Creation of a model, SW or technical realization is valued. For minor methodological flaws, the assessment is reduced by up to 5 points. Inconsistency of elaboration with the theoretical background and unclear or not fully professional approach leads to a reduction by at least 15 points. Another decrease can be due to insufficient discussion. A total of 30 points can be given to a very complex and flawless work, including other activities such as participation in scientific-research project or grant, active participation in the writing publications, patents and utility models.	
	Formal requisites and layout of the thesis (writing mastery, structuring, graphs, tables, citations in the text, list of references etc.). $(0 - 10)^*$	6
	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 English 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	61

III. PROPOSED QUESTIONS FOR THE DEFENSE (OPTIONAL)

1. According to the table 5.1 patients demographics: Can the amount of hemoglobin affects the NIRS measurement assessed by INVOS 5100C device?

2. Were there any medical events or procedures during the measured period? Could they affect the rSO2 waveform? (I'm missing some event markers or labels inside the graphs)

3. Is linear correlation the best option for your calculations of NIRS channel relations? Have you thought about for example intraclass correlation coefficient (ICC)?

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

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

** in case of F (failed) please explain in detail

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

V. COMMENTS

The main goal of the work was met, however only 2 patients were included in this pilot study (due to the Covid-19 pandemic). Nevertheless, I would expect a better quality of the theoretical part, much better quality of methodology and conclusions of the thesis.

For example:

There are no relations (even just discussed) between measured data and patients condition. How it was concluded that the method can be used as perfusion "indicator" for patients suffering sepsis? Based on correlation only?

The mentioned correlation was performed (due to artifacts) on shorter intervals - those intervals have been selected randomly (just part of the signal without artifacts)? Selected intervals are not the same for both patients.

Poor graphs or figures quality (e.g. 5.1 - why there is time axis in seconds?).

Name and surname incl. degrees: Ing. Tomáš Bouček Institution: VFN Contact address: U Nemocnice 499/2, 128 08 Praha 2 Signature:

Date: