

An overview of the URKUND analysis

This is the **document information** box. It shows who submitted what to whom and when. It also shows any message the submitter may have sent along with the document and the quantitative significance score i.e. "how much of the document text that has been found in other texts". *Please note that this value alone is not enough to determine whether or not the document author have been plagiarising.*

This is the **document side** of the analysis. It shows the text from the submitted document and indicates in the margin where there are passages that have been found elsewhere. Please note that this field only shows the text from the document. Images, tables and other media components have been removed.

The screenshot displays the URKUND analysis interface. The top section, titled 'Document', provides information about the submitted document, including the document name, submission date, submitter, reviewer, and a message. Below this, the 'Sources' tab is active, showing a list of sources found during the analysis. The sources are ranked, with primary sources in blue and alternative sources in grey. The bottom section, titled 'Document side', shows the text from the submitted document with a margin indicating where passages have been found elsewhere. The 'Functions bar' is visible, providing options for detailing the review process.

This is the **functions bar**. It has several options for detailing the review process.

This is the **list of sources** found when checking the document for similarities. Primary sources have a blue rank while alternative sources for text already covered by primary sources are grey.

This is the **source side** of the analysis. Only text corresponding to text also found in the submitted document is shown. The full text from the source is usually available via a link in the list of sources above, unless a source is restricted or unavailable for other reasons.

The **document information** box gives access to the original document which opens locally in your ordinary text editor.

Any message can be read in full simply by clicking the link



The quantitative significance score is dynamic and will recalculate when you activate or deactivate blocks or sources

21% 4% This new value will not transfer to the LMS/VLE if used and remains for the browser session only

The screenshot displays the URKUND interface. At the top, a document viewer shows a text document titled 'Ganges of diving_20160603 (1) (PDF)'. Below the document, a message box is visible, containing a subject 'My paper' and a message body. To the right, a list of sources is shown, including links to various websites. The interface also features a quantitative significance score of 21% and 4%.

Document: Ganges of diving_20160603 (1) (PDF)

Submitted by: 2016-02-24 09:45:00

Submitted by: docviewer (info@urkund.com)

Docviewer: document.docviewer@urkund.com

Message: My paper: [Show full message](#)

21% of this approx. 6 pages long document consists of text present in 4 sources.

Sources:

- http://www.diveboard.co.uk/medical/articles/Decompression_Sickness_What_It_Is_and_What_It_The_Treatment
- http://www.diveboard.co.uk/medical/articles/Decompression_Sickness
- http://www.apprisemedicalgroup.com/travel_medical/travel_medical/16-12-12
- http://www.apprisemedicalgroup.com/travel_medical/travel_medical/16-12-12
- http://www.diveboard.co.uk/medical/articles/Decompression_Sickness_What_It_Is_and_What_It_The_Treatment

Alternative sources:

- http://www.diveboard.co.uk/medical/articles/Decompression_Sickness_What_It_Is_and_What_It_The_Treatment
- http://www.diveboard.co.uk/medical/articles/Decompression_Sickness_What_It_Is_and_What_It_The_Treatment

Sources not used:

- http://www.diveboard.co.uk/medical/articles/Decompression_Sickness_What_It_Is_and_What_It_The_Treatment
- http://www.diveboard.co.uk/medical/articles/Decompression_Sickness_What_It_Is_and_What_It_The_Treatment

External source: http://www.apprisemedicalgroup.com/travel_medical/travel_medical/16-12-12

in the blood and tissue of a body. These bubbles follow when a person rises from deep water to shallower water, where the pressure is lower, too quickly. The symptoms of the bubbles are at almost immediately after a completed dive and can lead to paralysis or even death in severe cases. If you are a diver, you may experience symptoms of decompression sickness, instead only stay the dive, start administering first aid, and call a specialist in divers' medicine for help. The only treatment is to breathe 100% oxygen on site as well as in transport to treatment in a decompression chamber. Symptoms of decompression sickness

The symptoms of decompression sickness vary because the nitrogen bubbles can form in different parts of the body. The diver may complain of headache or vertigo, unusual fatigue or tiredness. He or she may have a rash, pain in one or more joints, muscular weakness or tingling in the arms or legs or paralysis. Less often, breathing difficulties, unconsciousness, shock or death may be seen. The symptoms generally appear immediately short period after completing the dive.


About 10 percent of divers develop symptoms within the first hour after the dive. 50 percent within six hours, and 80 percent within the first 24 hours. In practice this means symptoms that appear more than 24 hours after the dive are probably not decompression sickness. An exception is if the diver has been involved in an accident or has been working in the meantime. Under these circumstances, the pressure can still trigger decompression sickness more than 24 hours after the last dive. As a result, it is wise not to fly within 24 hours of a deep dive. Dive leaders and PADI John Doe states that "In severe DCS, a permanent residual handicap may be the result!" <http://www.urkund.com>

How to prevent decompression sickness: As a diver, you should dive very carefully. It doesn't matter whether you are diving a few meters or a few miles. You should always dive in shallow water. Commercial divers should never go deeper than 10 meters. In general, the deeper the water, the more dangerous it is. In water, it is dangerous to dive, especially when you are diving in cold water or when you are diving in rough conditions. When you are diving with a computer, you should be cautious in decompression limits. This is especially important to be aware of when you are diving deeper than 10 meters or deeper.

Signs and symptoms: Pain in joints and/or muscles of the joints, legs or torso; Dizziness, vertigo, ringing in the ears; Shortness of breath; Nausea; Muscle weakness; Difficulty swimming; Bizarre behavior; Confusion; Personality changes; Ataxia; Tremor; Staggering; Coughing up blood; Numb fingers; Collapse or unconsciousness.



Note: Symptoms and signs usually appear within 10 minutes to 12 hours.


The sources can be viewed either as a list with the most used source at the top (A), or as blocks in falling order as they appear in the document (B)

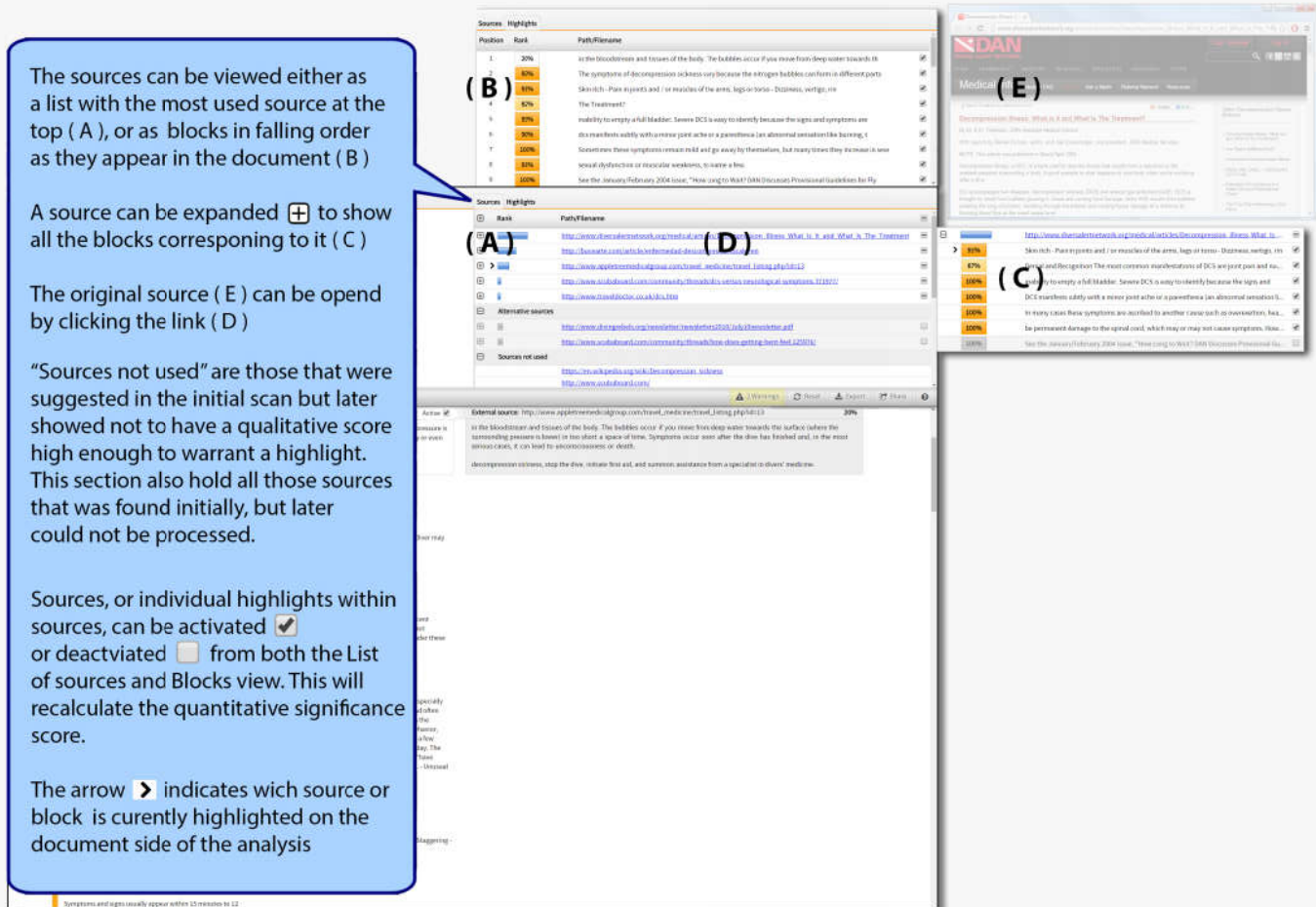
A source can be expanded  to show all the blocks corresponding to it (C)

The original source (E) can be opened by clicking the link (D)

"Sources not used" are those that were suggested in the initial scan but later showed not to have a qualitative score high enough to warrant a highlight. This section also hold all those sources that was found initially, but later could not be processed.

Sources, or individual highlights within sources, can be activated  or deactivated  from both the List of sources and Blocks view. This will recalculate the quantitative significance score.

The arrow  indicates wich source or block is currently highlighted on the document side of the analysis



The screenshot displays a software interface for source management and document analysis. The interface is divided into several panels:













- Sources Panel (A):** A table listing sources with columns for Position, Rank, and Path/Filename. The table shows a list of sources with their respective ranks and file paths.
- Highlights Panel (B):** A list of highlights from the document, showing the source they belong to and the text of the highlight.
- Document Panel (C):** The original source text, which is a medical document about decompression sickness. It includes a title, a paragraph of text, and a list of symptoms.
- Source Management Panel (D):** A section for managing sources, including a list of sources and a section for sources not used.
- Source Details Panel (E):** A panel showing the details of a selected source, including its path and the text of the source.

Annotations (A-E) point to specific UI elements:

- (A) Points to the 'Sources' table.
- (B) Points to the 'Highlights' list.
- (C) Points to the 'Document' panel showing the original source text.
- (D) Points to the 'Source Management' section.
- (E) Points to the 'Source Details' panel.

The **functions bar** contains options to make the review of the analysis more detailed.

The options are

-  Toggle alternative highlights in the margin
-  Toggle text differences
-  Toggle text within quote marks
-  Toggle text within () and [], usually annotations
-  Navigate to first block
-  Navigate to previous block
-  Navigate to next block
-  2 Warnings: View warnings of possible text tampering
-  Reset: Undo any changes made in the analysis
-  Export: Export analysis, with changes, to PDF
-  Share: Send analysis link as email to someone else
-  View help options

The **document side** shows the text from the submitted document with the first block of text that is similar to that of another source in view. Note that this is not necessarily at the start of the document. Any additional similarities found are marked with a coloured bar in the margin.

The percentage in the corner of a block indicates how similar a particular text is to the text in the source **20%** **93%**

The # number indicates which block it is **# 1**

If there are good reasons to why there are similarities between the submitted text and the source text, the reviewer can deactivate the block and move on to the next **Active**

Document [Ganges_of_Ashig_2016.docx \(3399.01K\)](#)

Submitted 2016-02-24 09:45:00.000

Submitted by [BorisFischer \(borisfischer@univie.ac.at\)](#)

Reviewer [docviewer.docviewer@univie.ac.at](#)

Message My paper [Show full message](#)

25% of this approx. 6 pages long document consists of text present in 8 sources.

Sources **Highlights**

Rank	Path/Filename
1	http://www.clinicaltrials.gov/ct2/show/study?term=Decompression+Illness+What+is+it+and+What+is+The+Treatment&rank=1
2	http://www.ncbi.nlm.nih.gov/pubmed/24389888
3	http://www.applimedicalgroup.com/travel_medical/travel_tips.php?id=12
4	http://www.applimedicalgroup.com/community/forums/dec-compression-illness-111970/
5	http://www.traveldoctor.co.uk/docs.htm

Alternative sources

- <http://www.clinicaltrials.gov/ct2/show/study?term=Decompression+Illness+What+is+it+and+What+is+The+Treatment&rank=1>
- <http://www.ncbi.nlm.nih.gov/pubmed/24389888>

Sources not used

- http://www.applimedicalgroup.com/travel_medical/travel_tips.php?id=12
- <http://www.applimedicalgroup.com/community/forums/dec-compression-illness-111970/>

20% 93%

in the blood and tissues of a body. These bubbles follow when a person rises from deep water to shallow water, where the pressure is lower, too quickly. The symptoms of the bubbles occur almost immediately after a completed dive and can lead to paralysis or even death in severe cases. If you or a dive mate exhibit symptoms of decompression sickness, immediately stop the dive, start administering first aid, and call a specialist or divers' medicine for help. The only treatment is to breathe 100% oxygen on site as well as in transport to treatment in a decompression chamber. Symptoms of decompression sickness:

The symptoms of decompression sickness vary because the nitrogen bubbles can form in different parts of the body. The diver may complain of headache or vertigo, unusual fatigue or tiredness. He or she may have a rash, pain in one or more joints, muscular weakness or tingling in the arms or legs or paralysis. Loss of consciousness, breathing difficulties, unconsciousness, shock or death may be seen. The symptoms generally appear in a relatively short period after completing the dive.

About 50 per cent of divers develop symptoms within the first hour after the dive, 90 per cent within six hours and 98 per cent within the first 24 hours. To be precise this means symptoms that appear more than 24 hours after the dive are probably not decompression sickness. An exception is if the diver has travelled in an aircraft or has been travelling in the mountains. Under these circumstances, low pressure can still trigger decompression sickness more than 24 hours after the last dive. As a result, it is not safe to fly within 24 hours of a deep dive.

These symptoms are to be considered at a personal level and must not be regarded as fool proof signs of diving sickness especially when taken out of context. For example the symptoms "skin rash" is the common symptom of an ordinary mosquito bite and often also the allergic response to ultraviolet light manifested in sensitive people. Also, and this is rather important, as the medical authority Hans-Martin Wenzel once so eloquently put it: "Symptoms like Dizziness, Vertigo, Tingling in the arms, Shivers, behavior, Confusion, Personality changes and Staggering are all quite common when prodding hermit from the post box at night after a few joints to many. These can with a bit of bad luck also be combined with another symptom: Amnesia and Tinnitus the next day. The reader should be aware of this before checking medical notes and remember the first of all ask themselves or their patients "Have you been doing to any significant depth recently?" Or are you just really really drunk, hang over?" before diagnosing - Unusual behavior.

Swelling of the joints, legs or torso - Dizziness, vertigo, ringing in the ears - Shortness of breath.

More may occur a block by itself:

Paralysis, muscle weakness - Difficulty swimming - Shivers behavior - Confusion, personality changes - Amnesia, tremors - Staggering - Coughing up blood, frothy sputum.

Collapse or unconsciousness.

Note:

Symptoms and signs usually appear within 10 minutes to 12.

