



دانشگاه علوم پزشکی  
و خدمات بهداشتی درمانی ایلام

معاونت تحقیقات و فناوری  
واحد علم سنجی

# راهنمای کوپرنیو

## Kopernio guide

### مقدمه:

کوپرنیو یک افزونه مرورگر است که از هوش مصنوعی استفاده می‌کند و دسترسی به متن کامل مقالات را تنها با یک کلیک برای کاربر فراهم می‌کند. شرکت کلریویت انلیتیکس (Clarivate Analytics) صاحب‌امتیاز پایگاه وب آو ساینس (Web of Science)، اپلیکیشن کوپرنیو را برای دسترسی سریع‌تر به تولیدات علمی فراهم نموده است؛ به این صورت که حتی اگر دانشگاهی اشتراک پایگاهی را نداشته باشد، کوپرنیو با جستجو از سایر وب‌گاه‌ها و مخازن دسترسی آزاد همانند گوگل اسکالر (Google Scholar)، پابمد (Pubmed)، وب آو ساینس، وب‌سایت ناشران دسترسی آزاد مانند دواج (DOAJ)، سرورهای پیش چاپ مقالات مانند Arxiv و غیره، مقالات را برای پژوهشگر یافته و به‌صورت تمام متن امکان دانلود را فراهم می‌سازد.

### نحوه نصب

ابتدا وارد سایت <https://kopernio.com> شوید. و یا با ورود به پایگاه وب آوساینس (از طریق مگاپیپر) بر روی گزینه Kopernio کلیک کنید.

سپس روی گزینه **Add to Chrome for free** کلیک نمایید.



The image shows a promotional banner for the Kopernio browser plugin. The banner has a green background with white and dark green text. On the left, it says 'Kopernio' with a logo, 'for Libraries for Publishers', and a 'Login' button. The main text reads 'Access research papers in one click.' followed by 'Save time accessing full-text PDFs with the free Kopernio browser plugin.' Below this is a green button that says 'Add to Chrome for free'. At the bottom left, there are five stars and the text '4.8 stars in the Chrome Web Store Used by over 750,000 researchers'. On the right side of the banner, there is a white box representing a search result for 'A. Einstein', with a 'View PDF' button and a circular icon containing a document symbol.

## راهنمای کوپرنیو

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## راهنمای کوپرنیو

افزونه کوپرنیو روی مرورگر شما سوار می‌شود در هر پایگاه داده‌ای که جستجو می‌کنید صفحه مشخصات مقاله را که بیاورید علامت سبز رنگی در پایین صفحه سمت چپ نمایان می‌شود (شکل زیر). روی آن کلیک کنید تا پی‌دی‌اف (متن کامل) آن مقاله را ملاحظه فرمایید. در صورتی که متن کامل مقاله در دسترس نباشد به شما اعلام می‌نماید که متن مقاله وجود ندارد.

The screenshot shows the PubMed website interface. At the top, there is a navigation bar with the NIH logo and the text 'National Library of Medicine National Center for Biotechnology Information'. A search bar contains the query 'nanoparticles nickel oxide synthesis' with a 'Search' button. Below the search bar, the search results are displayed. The first result is for the article 'Sucrose-Triggered, Self-Sustained Combustive Synthesis of Magnetic Nickel Oxide Nanoparticles and Efficient Removal of Malachite Green from Water' by Jhilirani Mohanta, Banashree Dey, and Soumen Dey. The article is from ACS Omega, 2020, Jul 2;5(27):16510-16520. The article is available as a free PMC article. On the right side of the article, there are buttons for 'View PDF', 'Cite', and 'Favorites'. There is also a 'Feedback' button at the bottom right of the article page.

فرآیند دانلود آغاز می‌شود.



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If we knew what it was we were doing, it would not be called research, would it?

Albert Einstein

J. Mohanta, B. Dey, S. Dey  
*ACS Omega* (2020)

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**Rivaroxaban with or without aspirin in patients with stable peripheral or carotid artery disease: an international, randomised, double-blind, placebo-controlled trial**

Introduction  
Methods  
Study design and participants  
Randomisation and masking  
Procedures  
Outcomes  
Statistical analysis  
Role of the funding source  
Results  
Discussion  
Acknowledgments  
References

**Rivaroxaban with or without aspirin in patients with stable peripheral or carotid artery disease: an international, randomised, double-blind, placebo-controlled trial**

Senio S Anand, Javier Bosch, John W Erdreboom, Stuart J Connolly, Rajat Dhar, Peter Widimsky, Victor Abayasinghe, Marco Allary, Ajay K Kakkar, Katalin Kallitay, Aldo P Maggioni, Brad S Lewis, Stefan Steg, Jun Zhu, Patricia Lopez-Jaramila, Martin D Goodall, Patrick J Conroy, Diego Vescovo, Nana Pogossian, Lars Ryden, Keith A A Fox, Deepak L Bhatt, Frank Misselwitz, John D Virgatas, Thomas Vassalotti, Alvaro A Avellan, Edmund Chen, Kelly Branch, Darryl P Long, Shikant Bhandari, Robert G Hart, Salim Yusuf, on behalf of the COMPASS Investigators\*

**Summary**  
Background Patients with peripheral artery disease have an increased risk of cardiovascular morbidity and mortality. Antiplatelet agents are widely used to reduce these complications.

**Methods** This was a multicentre, double-blind, randomised placebo-controlled trial for which patients were recruited at 602 hospitals, clinics, or community practices from 33 countries across six continents. Eligible patients had a history of peripheral artery disease of the lower extremities (previous peripheral bypass surgery or angioplasty, limb or foot amputation, intermittent claudication with objective evidence of peripheral artery disease), of the carotid arteries (previous carotid artery revascularisation or asymptomatic carotid artery stenosis of at least 50%), or coronary artery disease with an ankle-brachial index of less than 0.90. After a 30-day run-in period, patients were randomly assigned (1:1:1) to receive oral rivaroxaban (2.5 mg twice a day) plus aspirin (100 mg once a day), rivaroxaban twice a day (5 mg with aspirin placebo once a day), or to aspirin once a day (100 mg and rivaroxaban placebo twice a day). Randomisation was computer generated. Each treatment group was double dummy, and the patient, investigators, and central study staff were masked to treatment allocation. The primary outcome was cardiovascular death, myocardial infarction or stroke; the primary peripheral artery disease outcome was major adverse limb events including major amputation. This trial is registered with ClinicalTrials.gov, number NCT01776424, and is closed to new participants.

**Findings** Between March 12, 2013, and May 10, 2016, we enrolled 2470 patients with peripheral artery disease from 558 centres. The combination of rivaroxaban plus aspirin compared with aspirin alone reduced the composite endpoint of cardiovascular death, myocardial infarction, or stroke (126 [5%] of 2492 vs 174 [7%] of 2504; hazard ratio [HR] 0.72, 95% CI 0.57–0.90, p=0.0047), and major adverse limb events including major amputation (32 [1%] vs 60 [2%]; HR 0.54 [95% CI 0.35–0.83], p=0.0037). Rivaroxaban 5 mg twice a day compared with aspirin alone did not significantly

Articles

S.S. Anand et al.  
*The Lancet* (2018)

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