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this is a web based course, you don't need to download anything. this web based course helps you to learn the course, and you don't need to study in your spare time. this course provides you the flexibility to study the course while you are travelling, commuting etc. the specialized calibration methodology, the use of an accuracy specification during the measurement process, was first introduced in 2003 in a book titled "instrumentation: measurement error". it has been used in the laboratory to improve measurement repeatability and reproducibility. this method is more robust and has a longer shelf life than the traditional approach of using a calibration object. the new approach is based on the fundamental assumption that measurement error increases with distance from a reference object. the new approach requires a systematic calibration of reference objects that are used for each new measurement, and an independent measurement of the distance to the reference object. the new approach is independent of the instrument, and a new automated method of doing so is outlined in this book. also, the errors in measurement are expanded to include errors due to temperature, pressure, and the thermo-physical properties of water. the use of these quantities is more fully discussed in this book than in the previous book, which mainly focused on accuracy specification. a new chapter on use of error limits in instrumentation has also been added to include a discussion on how the experimental results should be used in measuring the errors in measurement of key parameters in instrumentation. this new chapter has taken into account all the changes done in this new edition. this is the complete book on instrumentation measurement of key parameters as of now.

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with the development of new energy delivery devices with subcutaneous sensors, the path has been opened to monitor and treat patients who cannot have access to conventional anesthetic monitors in the operating room. subcutaneous implants could be used in the head, the thorax, the abdomen, or the back. the basic idea of the thermistor based technique is that the skin temperatures induced by blood flow and respiration, and that generated due to ambient temperature, are measured. a significant issue is that skin temperature is highly dependent on the environmental temperature and the relative humidity. this factor introduces a potential source of error, and one that is amplified when continuous measurements are required. in order to investigate the minimum resolution at which a pressure can be accurately recorded, the cock-up device was calibrated such that it set the pressure at the membrane to be the same as the output of a barometer that was connected to the same membrane. this calibration could be performed without the knowledge of actual pressure. since the barometric pressure reading is always found to be a constant, the output of the cock-up device should not change during the entire period of monitoring. if the cock-up device indeed always produces accurate pressure recording, the recorded pressure will be independent of the temperature of the cock-up membrane. hence, the temperature-dependence of the cock-up pressure-recording device can be studied. when the de-stroking was slowed down, the amplitude of the pulses dropped and the maximum value of the signal also dropped. the duration of the pulses, however, appeared to be unaffected. this was consistent with the theory that the electrical signal was being modulated by the de-stroking. however, the signal amplitude was not a simple function of the stroke rate. in particular, the maximum recorded amplitude dropped from about 100 μv at a stroke rate of 1 stroke per second to just a few μv at stroke rates of more than 1000 per second. 5ec8ef588b

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