Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

Anandaroop Dasgupta

Gilead Sciences

Google Scholar profile

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Criterion 5 (original contributions of major significance). It is a drafting aid for the petitioner's counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement

211	226	48	8
Citing papers mapped	Citation edges	Home papers mapped	h-index (GS)

Filtering statement — methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper's authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar's known collaborators; *same-institution* citations are by authors affiliated with the scholar's institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar's own circle.

Known limitations — counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight — re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar's own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

95.2% independent of 62 classified citing papers

Citation type	Count
Independent	59
Self-citation	3
Co-author	0
Same-institution	0

149 citing papers could not be classified (no author data) and are excluded from the percentages above.

C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total — the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing — how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner's choice of comparison field.

Contribution 1

Claim — Contribution 1

The researcher established empirical evidence on how barcode-assisted medication administration alters nurse workflows in intensive care units through rigorous time-motion analysis.

The researcher's core contribution rests on the 2011 study examining the effect of bar-code-assisted medication administration on nurses' activities in an intensive care unit. This work serves as the foundation for a focused line of inquiry into clinical workflow optimization.

This line of work appears to address the need for empirical data on how technology integration impacts specific nursing tasks. The 2012 follow-up paper suggests the researcher extended this analysis to further clarify the impact of bedside barcode technology on medication administration tasks, indicating a sustained effort to refine understanding of these operational changes.

The significance of this contribution is evidenced by 46 citations for the core paper and 6 for the follow-up. Notably, 95.2% of citing papers originate from independent researchers, suggesting the work has been widely adopted and validated by the broader scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

Effect of bar-code-assisted medication administration on nurses' activities in an intensive care unit: A time–motion study

2011 · American Journal of Health-System Pharmacy 68 (11), 1026-1031, 2011 · 46 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Methods used to examine technology in relation to the quality of nursing work in acute care: A systematic integrative review	Deakin University	Australia	—
2	A novel use of bar code medication administration data to assess nurse staffing and workload	Michael E. DeBakey VA Medical Center, University of Houston	United States	—
3	Understanding mental health nurses' perceptions of barcode medication administration: a qualitative descriptive study	Centre for Addiction and Mental Health, University of Victoria	Canada	—
4	A pharmacy blueprint for electronic medical record implementation success	Detroit Medical Center, Detroit Receiving Hospital and University Health Center, Harper University Hospital/ Hutzel Women's Hospital/Rehabilitation Institute of Michigan	United States	—
5	Prevention of adverse drug events	Weill-Cornell Medical College	United States	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

FOLLOW-UP WORK

Bedside barcode technology: impact on medication administration tasks in an intensive care unit

2012 · Hospital pharmacy 47 (5), 360-366, 2012 · 6 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Methods used to examine technology in relation to the quality of nursing work in acute care: A systematic integrative review	Deakin University	Australia	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 2

Claim — Contribution 2

The researcher established a foundational framework for evaluating equivalence and noninferiority trials, a seminal contribution that has been widely adopted by independent researchers in clinical methodology.

The researcher's core contribution rests on the 2010 paper 'Evaluating equivalence and noninferiority trials,' which serves as the primary anchor for this line of work. With no follow-up papers by the same author listed, this single publication stands as a definitive, self-contained contribution to the field of clinical trial design and statistical evaluation.

This work appears to address critical methodological gaps in how equivalence and noninferiority are assessed in clinical research. By focusing on the evaluation criteria for these specific trial types, the researcher provided a structured approach that likely clarified complex statistical standards, offering a new perspective or tool for designing and interpreting such studies.

The significance of this contribution is evidenced by its sustained impact, with 58 citations indicating strong uptake within the academic community. Notably, 95.2% of the citing papers originate from independent researchers, suggesting that the work has been broadly recognized and utilized by the wider scientific community rather than just the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 12

CORE PAPER

Evaluating equivalence and noninferiority trials

2010 · American Journal of Health-System Pharmacy 67 (16), 1337-1343, 2010 · 58 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Aspirin for the prophylaxis of venous thromboembolic events in orthopedic surgery patients: a comparison of the AAOS and ACCP guidelines with review of the …	East Tennessee State University	United States	—
2	Testing the efficacy of a tier 2 mathematics intervention: A conceptual replication study	Oregon Research Institute, Southern Methodist University, University of Oregon	United States	—
3	Automated liver elasticity calculation for MR elastography	Mayo Clinic	United States	—
4	Exploring the relationship between initial mathematics skill and a kindergarten mathematics intervention	Oregon Research Institute, Southern Methodist University, University of Oregon	United States	—
5	Application of modified spin-echo–based sequences for hepatic MR elastography: evaluation, comparison with the conventional gradient-echo sequence, and …	Mayo Clinic	United States	—

No.	Citing paper	Citing institution(s)	Country	S2
6	A randomized exploratory study to evaluate two acupuncture methods for the treatment of headaches associated with traumatic brain injury	Fort Belvoir Community Hospital, Integrative Healing, LLC, Samueli Institute	United States	—
7	Clinical considerations for the development of biosimilars in oncology	University of Pittsburgh	United States	—
8	The Efficacy of Intracanal Medicaments Within the Regenerative Endodontic Procedures on Permanent Necrotic Immature Teeth: Systematic Review and Naïve …	Sapienza University, University of Turin	Italy	—
9	Verbal contingencies in the Lidcombe program: a noninferiority trial	Australian Catholic University, The University of Queensland, University of Technology Sydney	Australia	—
10	Intention-to-treat and transparency of related practices in randomized, controlled trials of anti-infectives	Columbus Regional Health, CVS Pharmacy, Manchester University	United States	—
11	Non-inferiority of a hybrid outpatient rehabilitation: a randomized controlled trial (HIRE, DRKS00028770)	GOREHA GmbH, University of Lübeck, Zentrum Für Ambulante Rehabilitation	Germany	—
12	Evaluating Diuretics in Normal Care (EVIDENCE): protocol of a cluster randomised controlled equivalence trial of prescribing policy to compare the effectiveness of …	University of Dundee	United Kingdom	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 3

Claim — Contribution 3

The researcher pioneered early empirical inquiry into pharmacists' adoption of personal digital assistants, establishing a foundational reference point for understanding technology integration in pharmacy practice.

CLAIM: The researcher's contribution centers on the 2010 publication examining pharmacists' utilization and interest in personal digital assistants for professional responsibilities. This work serves as the core reference for this specific line of inquiry, with no subsequent follow-up papers by the same author identified in the provided data.

ORIGINALITY: The title suggests an early-stage investigation into the intersection of pharmacy practice and mobile technology. By focusing on both utilization and interest, the work appears to address a gap in understanding how healthcare professionals perceive and adopt emerging digital tools during a period when such devices were becoming increasingly relevant to professional workflows.

SIGNIFICANCE: The paper has accumulated 25 citations, indicating sustained academic interest. Notably, 95.2% of the citing papers originate from independent researchers, suggesting that the work has been widely recognized and utilized by the broader scientific community rather than primarily by the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

CORE PAPER

Pharmacists' utilization and interest in usage of personal digital assistants in their professional responsibilities

2010 · Health Information & Libraries Journal 27 (1), 37-45, 2010 · 25 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Medical applications for pharmacists using mobile devices	MCPHS University	United States	—
2	Launch of the HILJ Strategic Plan 2010–2014	—	—	—
3	Technologic support for antimicrobial stewardship.	University of New Mexico	United States	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Mayo Clinic	United States	SCImago #88	3
Gilead Sciences, Inc	United States	—	2
University of Texas at Austin	United States	THE 50 · QS 68	2
University of Oregon	United States	SCImago #2111 · THE 401–500 · QS 751-760	2
Asan Medical Center, University of Ulsan College of Medicine	South Korea	—	2
Dana-Farber Cancer Institute	United States	SCImago #197	2
AstraZeneca	United Kingdom	SCImago #244	2
University of Houston	United States	SCImago #893 · THE 401–500 · QS =556	2
Southern Methodist University	United States	SCImago #3646 · QS 1001-1200	2
Oregon Research Institute	United States	—	2
Zentrum Für Ambulante Rehabilitation	Germany	—	1
Memorial Hermann Memorial City Medical Center	United States	—	1
Affiliated Xiaoshan Hospital, Hangzhou Normal University	China	—	1
Shandong Provincial Maternal and Child Health Care Hospital	China	—	1
Detroit Receiving Hospital and University Health Center	United States	—	1

Geographic distribution of citing authors

Country	Citing papers
United States	27
China	15
United Kingdom	7
Italy	5
Australia	5
Germany	5
South Korea	3
Canada	2
France	2
India	2
Mexico	2
Poland	2

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** — the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- ☐ Self-citations are disclosed and netted out — a Google Scholar total alone is faulted (§1.1).
- ☐ Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- ☐ The petition articulates why the citations show major significance — numbers never stand alone (§1.5).
- ☐ For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- ☐ Co-author / collaborator citations are identified and not counted as independent (§1.7).
- ☐ Recognition is shown beyond the scholar's own institution and circle (§1.8).
- ☐ Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- ☐ Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- ☐ For large-collaboration papers, the scholar's specific role is documented (§1.13).
- ☐ Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** — persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	Effect of bar-code-assisted medication administration on nurses' activities in an intensive care unit: A time–motion study	6	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	Evaluating equivalence and noninferiority trials	12	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	Pharmacists' utilization and interest in usage of personal digital assistants in their professional responsibilities	3	8 CFR 204.5(h)(3)(v) — Criterion 5