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Stichworte: biomedical communication; communication complexity; electronic data interchange; hospitals; local area networks; medical information systems; middleware; protocols; software architecture; CAP/CAB architecture; Ethernet POWERLINK; NMS abstracts; clinical use case; clinics; communication abstraction bridge; communication abstraction provider; communication complexity; communication protocols; communication-related complexity; complexity reduction; data exchange; heterogeneous interfaces; heterogeneous networked medical systems; hospitals; medical infrastructures; middleware architecture; multinterface middleware; network architecture; nonfunctional requirements; operating rooms; real-time communication protocol; real-time constraint; robot-assisted eye surgery; software/hardware components; Biomedical imaging; Complexity theory; Hardware; Protocols; Real-time systems; Robots; Surgery; Ethernet; Powerlink; Real-time communication; communication abstraction; deterministic; medical robotics; middleware; networked medical systems

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