How to produce table XHTML

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M2community

Table of Contents

XHTML

XHTML

✓ 기존에 사용되던 HTML 규격이 가진 문제점을 극복
✓ 다양한 분야에 응용될 수 있도록 해주는 여러가지 확장된 기능을 포함
✓ 웹페이지를 기술하기 위해 사용되는 HTML을 XML에 알맞도록 재정의한 마크업 언어

✓ XHTML은 XML을 기반으로 만들어짐
✓최신규격 XHTML 으로서 문서볼륨을 지정하는 태그가 거의 폐지
✓문서 구조를 만드는데 특화된 언어로 변화

XHTML 과 HTML

XHTML과 HTML의 차이점?

✓ XHTML은 XML 문법을 따름=> HTML과 문법 규칙이 다름

✓ HTML을 사용하면 할 수 있으나, XHTML로는 불가능한 것이 있음

- 기존 HTML에서 사용하던 <!-- … --> 코멘트로 스타일이나 스크립트의 일부를 주석 처리할 수 없음
- 미리 정의된 <, >, &, "는 사용 가능

✓ CSS를 이해하는 방식의 차이

- CSS의 Element type 선택자가 대문자와 소문자로 구별

HTML과 XHTML

HTML/XHTML 문서구조

✓ XHTML은 종료 태그가 마지막에 무조건 있어야 함
✓싱글 태그인 경우 /를 넣어서 종료되었다는 것을 인지하도록 설정
✓ XHTML은 의미 요소와 속성명 모두 대/소문자 구분

HTML 문서 구조

```
<!DOCTYPE HTML PUBLIC "-//W3C//DTD HTML 4.01 Transitional//EN">
<html>
<head>
<title>제목</title>
<meta name="description" content="설명">
</head>
<body>
<h1>제목1</h1>
<p>내용</p>
줄바꿈<br>
<img src="blank.gif">
</body>
</html>
```

XHTML 문서 구조

```
<!DOCTYPE html PUBLIC "-//W3C//DTD XHTML 1.0 Transitional//EN"
"http://www.w3c.org/TR/xhtml1/DTD/xhtml1-transitional.dtd">
<head>
<html>
<head>
<title>제목</title>
<meta name="description" content="설명" />
</head>
<body>
<h1>제목1</h1>
<p>내용</p>
줄바꿈<br />
<img src="blank.gif" />
</body>
</html>
```

Table XHTML- Table의 이해

▪Table 의 이해

✓ Table 은 Text 보다 더 효율적으로 특정 유형의 정보를 전달하고 출판물에 시각적 흥미를 더 함
✓ 인용에 있어 Table 은 다른 정보에 비해 활용 가치가 높음
✓ 연구목적이나 독자에게 전달코자 하는 내용에 따라 선택,
정확한 결과를 보여주려면 Table, 관계나 추세를 보여주려면 Graph 을 활용함

▪ANSI/NISO Z39.96-2012 권고사항

2 Scope

The Journal Article Tag Suite defines elements and attributes that describe metadata and full content of scholarly journal articles. The Suite is not designed to describe magazines, books, or other publishing formats. While some structures in these formats may be similar to structures in journal articles, other structures may be distinctly different and may not be handled by existing elements and attributes defined in the Tag Suite.

The Tag Suite is the complete set of elements and attributes described in the standard. Along with these descriptions, the standard includes three article models or Tag Sets:

ANSI/NISO Z39.96-2012

Tag Suite is based on, and designed to be converted easily to, the XHTML 1.1 table model. Details for the elements and attributes in the XHTML-inspired NISO JATS tables are provided in the individual Tag Set Tag Library documentation.

From Cho HM. Table의 이해. Seoul: KCSE; 2014

Table XHTML- Table의 이해

표(Table) - Image

Table 1
Patient characteristics

Characteristic	No. (%)	Characteristic	No. (%)
Age (yr)	67 (18-79)	Clinical stage (AJCC)	
<65	15 (48)	I-IIB	11 (35)
≥65	16 (52)	IIIA-IV	20 (65)
Gender		Total dose (Gy)	63.0 (48.4-70.4)
Male	24 (77)	<75	10 (32)
Female	7 (23)	≥75	21 (68)
ECOG performance status		Daily dose (Gy)	2.1 (1.8-2.5)
≤1	15 (48)	<2.2	17 (55)
≥2	16 (52)	≥2.2	14 (45)
Smoking history		Monitor unit (MU)	7,133 (4,284-11,522)
Yes	21 (68)	≤7,100	15 (48)
No	10 (32)	>7,100	16 (52)
Underlying lung disease		Chemotherapy	
Yes	9 (29)	Yes	18 (58)
No	22 (71)	No	13 (42)
Pre-RT FEV_1 (L)	2.0 (1.2-3.0)	CCRT	
<2.0	17 (55)	Yes	12 (39)
≥2.0	14 (45)	No	19 (61)
Histology		No. of targets	
SqCC	11 (35)	≤1	14 (45)
non-SqCC	20 (65)	≥2	17 (55)
Tumor location		PTV (cm^3)	
Upper	18 (58)	<320	
Middle or lower	13 (42)	≥320	
Right	15 (48)		
Left	16 (52)		

Values are presented as number (%) or median (range). ECOG, Eastern Cooperative Oncology Group; RT, radiotherapy; FEV_1, forced expiratory volume in 1 second; SqCC, squamous cell carcinoma; AJCC, American Joint Committee on Cancer; CCRT, concurrent chemoradiotherapy; PTV, planning target volume.

표(Table) - XHTML

```
		<th align="center"></th>
	</tr>
</thead>
<tbody>
	<tr valign="top">
		<td></td>
		<td>Deep vein thrombosis</td>
		<td>Pulmonary embolism, non-massivea</td>
		<td>Maintenance</td>
	</tr>
	<tr valign="top">
		<td>Heparin</td>
		<td align="center"></td>
		<td align="center"></td>
		<td align="center"></td>
	</tr>
	<tr valign="top">
		<td>Continuous infusion</td>
		<td>According to aPTT</td>
		<td>According to aPTT</td>
		<td align="center"></td>
	</tr>
	<tr valign="top">
		<td>Subcutaneous (SC)</td>
		<td>According to aPTT</td>
		<td>According to aPTT</td>
		<td align="center"></td>
	</tr>
	<tr valign="top">
		<td>Subcutaneous</td>
		<td>Weight-adjusted dose</td>
		<td>Weight-adjusted dose</td>
		<td align="center"></td>
	</tr>
	<tr valign="top">
		<td>Low-molecular-weight heparin</td>
		<td align="center"></td>
		<td align="center"></td>
		<td align="center"></td>
	</tr>
	<tr valign="top">
		<td>Dalteparin</td>
		<td>200 IU/kg SC daily</td>
		<td>200 IU/kg SC daily or 120 IU/kg SC every 12 hours</td>
		<td>150 IU/kg SC daily after 30 daysb</td>
	</tr>
	<tr valign="top">
		<td>Enoxaparin</td>
		<td>1.5 mg/kg SC daily</td>
		<td align="center">1.5</td>
		<td>mg/kg SC daily or  1.5</td>
		<td>mg/kg SC every 12 hours</td>
		<td align="center"></td>
	</tr>
```

Table 2.

Initial and subsequent treatment of venous thromboembolism

	Initial therapy		Maintenance
	Deep vein thrombosis	Pulmonary embolism, non-massive[a]	
Heparin			
Continuous infusion	According to aPTT	According to aPTT	
Subcutaneous (SC)	According to aPTT	According to aPTT	
Subcutaneous	Weight-adjusted dose	Weight-adjusted dose	
Low-molecular-weight heparin			
Dalteparin	200 IU/kg SC daily	200 IU/kg SC daily or 120 IU/kg SC every 12 hours	150 IU/kg SC daily after 30 days[b]
Enoxaparin	1.5 mg/kg SC daily	1.5 mg/kg SC daily or 1.5 mg/kg SC every 12 hours	
Fondaparinux[c]	7.5 mg SC daily	7.5 mg SC daily	
Xa inhibitors			
Rivaroxaban	15 mg PO twice daily (3 wk)	15 mg PO twice daily (3 wk)	20 mg PO daily after 3 weeks
Apixaban	10 mg PO twice daily (1 wk)	10 mg PO twice daily (1 wk)	5 mg PO twice daily after 1 week
Edoxaban	60 or 30 mg[d] PO daily	60 or 30 mg[d] PO daily	60 or 30 mg[d] PO daily
Warfarin			According to INR of 2.0-3.0
IIa inhibitor			
Darbigatran			150 mg PO twice daily after 5 days

PO, per os; INR, international normalized ratio.

[a] Definition of non-massive pulmonary embolism is systolic blood pressure of 90 mmHg or more.

[b] Maintencance with dalteparin should be considered in patients with active cancer.

[c] Korean FDA approved the use of fondaparinux only for the prevention of VTE, but it may be administered in case of heparin-induced thrombocytopenia.

[d] 30 mg per day should be in patients with a creatinine clearance of 30 to 50 mL/minute or a body weight of 60 kg or less or who were receiving potent P-glycoprotein inhibitors.

ANSI/NISO 권고사항
표(Table)는 속성을 보존해야 하므로,
XHTML 로 반드시 작업해야 함.

Table XHTML- Table의 이해

<label>Table 2.</label>

<caption><p>ABUS and HHUS studies evaluating the interobserver agreement</p></caption>

Heading

참고문헌 연결 (hyperlink)

Table 2. ABUS and HHUS studies evaluating the interobserver agreement

Variable	ABUS (κ-value)			HHUS (κ-value)		
	Zhang et al. [11]	Shin et al. [21]	Kim et al. [20]	Abdullah et al. [2]	Park et al. [4]	Lee et al. [5]
Lesion number	234	145	26	267	314	150
Reader number	2	2	2	5	4	4
Type	–	0.75 (mass); 0.63 (special case)	–	–	–	–
Shape	0.79	0.71	0.45	0.64	0.42	0.49
Orientation	0.74	0.72	0.50	0.70	0.61	0.56
Margin	0.76	0.61	0.25	0.36	0.32	0.33
Echogenicity	0.69	0.45	0.65	0.58	0.36	0.37
Posterior acoustic features	0.68	0.42	0.45	0.47	0.53	0.49
BI-RADS final assessment	0.70	0.63	0.57	0.30	0.49	0.53[a)]–0.62[b)]

ABUS, automated whole breast ultrasonography; HHUS, handheld ultrasonography; BI-RADS, Breast Imaging Reporting and Data System.
[a)]Interobserver agreement obtained with the categorization of BI-RADS category 3, 4A, 4B, 4C, and 5. [b)]Interobserver agreement obtained with the categorization of BI-RADS category 3, 4, and 5.

…………

<table-wrap-foot>
<fn id="tfn5-usg-14015"><label>a)</label><p>Interobserver agreement obtained with the categorization of BI-RADS category 3, 4A, 4B, 4C, and 5.</p></fn>
</table-wrap-foot>

………………..

Table XHTML- Table의 이해

```
<table-wrap id="t1-crt-2014-153" position="float">
<label>Table 1.</label>
<caption><p>Scoring of EGFR immunohistochemistry</p></caption>
<table frame="hsides" rules="groups">
<thead>
<tr>
<th colspan="2" valign="top" align="center">Quantitative evaluation</
<th colspan="2" valign="top" align="center">Staining intensity</th>
<th colspan="2" valign="top" align="center">Final evaluation</th>
</tr>
<tr>
<th valign="top" align="center">Positive cells (%)</th>
<th valign="top" align="center">Score</th>
<th valign="top" align="center">Intensity S</th>
<th valign="top" align="center">core</th>
<th valign="top" align="center">Combined score</th>
<th valign="top" align="center">Expression level</th>
</tr>
</thead>
<tbody>
<tr>
<td valign="top">&lt; 1</td>
<td valign="top" align="center">0</td>
<td valign="top" align="center">Weak</td>
<td valign="top" align="center">1</td>
<td valign="top" align="center">0-2</td>
<td valign="top" align="center">Low</td>
</tr>
</tbody>
</table>
<table-wrap-foot>
<fn id="tfn1-crt-2014-153"><p>Reprinted from Licitra et al. &#x0005b;<xref ref-type="bibr"
rid="b16-crt-2014-153">16</xref>&#x0005d; with permission of Oxford University Press. EGFR,
epidermal growth factor receptor.</p></fn>
</table-wrap-foot>
</table-wrap>
```

table id값 선언

id="t1-crt-2014-153"

t1 => table 번호
crt-2014-153 => pdf 파일명

table label 및 caption값 입력

caption값 입력 시 이탤릭체, 윗첨자, 아래첨자 등 pdf와 동일하게 처리

table head 및 본문

table foot 부분

Table XHTML- Table 링크 구조

Table 1. Scoring of EGFR immunohistochemistry

Quantitative evaluation		Staining intensity		Final evaluation	
Positive cells (%)	Score	Intensity	Score	Combined score	Expression level
< 1	0	Weak	1	0-2	Low
≥ 1, < 20	1	Moderate	2	3-5	Intermediate
≥ 20, < 50	2	Strong	3	6-7	High
≥ 50, < 80	3	-	-	-	-
≥ 80	4	-	-	-	-

Reprinted from Licitra et al. [16] with permission of Oxford University Press. EGFR, epidermal growth factor receptor.

Table 3. Previously reported pediatric-type sarcoma in adults and children

Type	No.	Study years	Results	Reference
Western				
RMS				
Adults Children	1,071 1,529	1973-2005	Adults with RMS had significantly worse outcome than children, tumors were more likely to be at unfavorable site; 5-year survival rate 27% vs. 61%	Sultan et al., 2009 [3]
Adults	171	1975-2001	Overall rate of response to chemotherapy was 85%; 5-year event-free survival was 28% and 5-year overall survival was 61%	Ferrari et al., 2003 [18]
Adults	113		5-Year survival rate 26%	Ariel and Briceno, 1975 [19
EWS/PNET				
Age ≤ 14 Age > 14	190 212	1972-1992	Rate of relapse ≤ 14 years vs. >14 years: 15.9 vs. 13.8 (p < 0.94)	Bacci et al., 2004 [13]
Adults Children	19	1995-2003	Median OS of patients ≤ 20 years vs. > 20 years did not differ (p=0.27)	Yamada et al., 2006 [14]
Adults Children	372 353	1989-2007	Adult age, hispanic race, metastatic disease, large tumor size, low socioeconomic status are poor prognostic factors for overall survival	Lee et al., 2010 [12]
Adults	24	1990-2005	Localized disease: 3-year survival 59%	Gupta et al., 2010 [20]
Adults	27	1979-2002	5-Year survival rate 58%	Smorenburg et al., 2007 [5]
Adults	25	1991-2002	Axial location: 2-year survival 33%	Argon et al., 2004 [21]
Children	220	1979-2004	5-Year survival rate 63.5%	Rodriguez-Galindo et al., 2007 [22]
DSRCT				
Adults	18	1998-2006	5-Year survival rate 27.9%	Liping et al., 2008 [23]
Asian				
Adults	84	1995-2009	Median OS 33.1 months Median EFS 14.4 months Localized disease was a significant independent prognostic factor for longer OS, and favorable primary tumor sites were associated with longer EFS	Ahn et al., 2011 [24]

Caption, 본문, foot 부분에 레퍼런스값이 있을 경우에는 아래와 같이 링크 걸어줌

Reprinted from Licitra et al. [<xref ref-type="bibr" rid="b16-crt-2014-153">16</xref>] with permission of Oxford University Press. EGFR, epidermal growth factor receptor.

Table XHTML- Table 링크 구조

Table 1.

Scoring of EGFR immunohistochemistry

Quantitative evaluation		Staining intensity		Final evaluation	
Positive cells (%)	Score	Intensity	Score	Combined score	Expression level
< 1	0	Weak	1	0-2	Low
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≥20, <50	2	Strong	3	6-7	High
≥50, <80	3	-	-	-	-
≥80	4	-	-	-	-

Reprinted from Licitra et al. [16] with permission of Oxford University Press. EGFR, epidermal growth factor receptor.

16. Licitra L, Perrone F, Tamborini E, Bertola L, Ghirelli C, Negri T, et al. Role of EGFR family receptors in proliferation of squamous carcinoma cells induced by wound healing fluids of head and neck cancer patients. Ann Oncol. 2011;22:1886–93.

17. Choi J, Moon SY, Hong JP, Song JY, Oh KT, Lee SW. Epidermal growth factor induces cell death in the absence of overexpressed epidermal growth factor receptor and ErbB2 in various human cancer cell lines. Cancer Invest. 2010;28:505–14.

18. Kwok TT, Sutherland RM. Cell cycle dependence of epidermal growth factor induced radiosensitization. Int J Radiat Oncol Biol Phys. 1992;22:525–7.

19. Kwon EK, Lee SH, Kim K, Wu HG, Lee SW. Differential effects of recombinant human EGF on proliferation and radiation survival of normal fibroblast and cancer cell lines. Open Transl Med J. 2009;1:9–15.

20. Chiu B, Mirkin B, Madonna MB. Novel action of epidermal growth factor on caspase 3 and its potential as a chemotherapeutic adjunct for neuroblastoma. J Pediatr Surg. 2007;42:1389–95.

21. Fan Z, Lu Y, Wu X, DeBlasio A, Koff A, Mendelsohn J. Prolonged induction of p21Cip1/WAF1/CDK2/PCNA complex by epidermal growth factor receptor activation mediates ligand-induced A431 cell growth inhibition. J Cell Biol. 1995;131:235–42.

22. Jakus J, Yeudall WA. Growth inhibitory concentrations of EGF induce p21 (WAF1/Cip1) and alter cell cycle control in squamous carcinoma cells. Oncogene. 1996;12:2369–76.

23. Bromberg JF, Fan Z, Brown C, Mendelsohn J, Darnell JE Jr. Epidermal growth factor-induced growth inhibition requires Stat1 activation. Cell Growth Differ. 1998;9:505–12.

Table 1.

Scoring of EGFR immunohistochemistry

Quantitative evaluation		Staining intensity		Final evaluation	
Positive cells (%)	Score	Intensity	Score	Combined score	Expression level
< 1	0	Weak	1	0-2	Low
≥1, <20	1	Moderate	2	3-5	Intermediate
≥20, <50	2	Strong	3	6-7	High
≥50, <80	3	-	-	-	-
≥80	4	-	-	-	-

Reprinted from Licitra et al ... wth factor receptor.

16. Licitra L, Perrone F, Tamborini E, Bertola L, Ghirelli C, Negri T, et al. Role of EGFR family receptors in proliferation of squamous carcinoma cells induced by wound healing fluids of head and neck cancer patients. Ann Oncol. 2011;22:1886–93.

Download Table

Table의 작성 – XHTM Tagging

- **Table 의 작성 기준**
  - ✓ Column heading: 수평적 자료를 관리
  - ✓ 사선을 활용한 제목은 적절치 않음

Number (%) / Type of Document	Candidate A	Candidate B
Manuscript	10 (20)	18 (36)
Abstract	1 (20)	2 (40)

34 (6%) (O)

34	6% (X)

  - ✓ 셀 병합 등은 피함. 하나의 데이터는 하나의 셀 안에 표기

0	.	75 (X)

0.75 (O)

  - ✓ 스페이스나 Tab 키를 사용하여 줄 맞추기 하지 않는다.
  - ✓ 가능한 세로 1페이지 내에 조판될 수 있도록 구성한다.
  - ✓ 줄 맞춤을 위해 인위적으로 셀을 추가하지 않는다

From Cho HM. Table의 이해. Seoul: KCSE; 2014

Table 작성 – 소프트웨어 표 추출 과정 및 Tagging

표(Table) – 원본 PDF

Table 3. Comparison of sleep apnea index between supine and non-supine posture in patients with OSA

	Non-mix-OSA			Mix-OSA		
	Supine	Non-supine	*p* value	Supine	Non-supine	*p* value
OAI (/h)	21.0±20.3	5.7±11.9	<0.001	30.4±15.5	15.6±18.3	<0.001
MCAI (/h)	1.9±3.1	0.6±2.3	<0.001	21.9±15.4	6.4±8.8	<0.001
HI (/h)	22.8±17.1	10.9±12.2	<0.001	13.1±12.0	15.4±20.7	

Mix-OSA: obstructive sleep apnea with mixed breathing pattern, Non-mix-OSA: obstructive sleep apnea without r
tern, OAI: obstructive apnea index, MCAI: mixed-central apnea index, HI: hypopnea index

표의 Style 지정없이 육안으로 셀(?) 구분 불가

		Non-mix-SA		
	Supine	Non-supine	p value	Supine
OAI (/h)	21.0±20.3	5.7±11.9	<0.001	30.4±15.5
MCAI (/h)	1.9±3.1	0.6±2.3	<0.001	21.9±15.4
HI (/h)	22.8±17.1	10.9±12.2	<0.001	13.1±12.0

표(Table) – Excel 추출

		Non-mix-OSA		
	Supine	Non-supine	p value	Supine
OAI (/h)	21.0±20.3	5.7±11.9	<0.001	30.4±15.5
MCAI (/h)	1.9±3.1	0.6±2.3	<0.001	21.9±15.4
HI (/h)	22.8±17.1	10.9±12.2	<0.001	13.1±12.0

표(Table) – JATS XML 변환


```
<table rules="groups" frame="hsides">
  <tbody><tr>
    <td valign="top" align="left"></td>
    <td valign="top" align="left"></td>
    <td valign="top" align="left">Non-mix-OSA</td>
    <td valign="top" align="left"></td>
    <td valign="top" align="left"></td>
    <td valign="top" align="left">Mix-OSA</td>
    <td valign="top" align="left"></td>
  </tr>
  <tr>
    <td valign="top" align="left"></td>
    <td valign="top" align="left">Supine</td>
    <td valign="top" align="left">Non-supine</td>
    <td valign="top" align="left">p value</td>
    <td valign="top" align="left">Supine</td>
    <td valign="top" align="left">Non-supine</td>
    <td valign="top" align="left">p value</td>
  </tr>
  <tr>
    <td valign="top" align="left">OAI (/h)</td>
    <td valign="top" align="left">21.0&#x000B1;20.3</td>
    <td valign="top" align="left">5.7&#x000B1;11.9</td>
    <td valign="top" align="left">&lt;0.001</td>
    <td valign="top" align="left">30.4&#x000B1;15.5</td>
    <td valign="top" align="left">15.6&#x000B1;18.3</td>
    <td valign="top" align="left">&lt;0.001</td>
  </tr>
  <tr>
    <td valign="top" align="left">MCAI (/h)</td>
    <td valign="top" align="left">1.9&#x000B1;3.1</td>
    <td valign="top" align="left">0.6&#x000B1;2.3</td>
    <td valign="top" align="left">&lt;0.001</td>
```

Table 작성 – JATS XML Tagging 문제(사례 1)

Table 2. Mean values of microhardness

Group	Upper side		Lower side	
	Mean (Hv)	SD	Mean (Hv)	SD
1	73.3	5.9	63.9	9.4
2	74.0	5.1	61.2	7.2
3	83.2	8.1	57.7	10.6
4	83.6	3.9	73	5.8

One-way ANOVA and Scheffe test

* : Significantly different among groups ($p < 0.05$)

어떤 방법으로 Tagging 할 것인가?

Table 작성 – JATS XML Tagging 문제(사례 2)

Table 4. Effect Size and 95% CI by Intervention on Dysmenorrhea (*N*=28)

Intervention	List of study	Weight	Forest plot	ES (95% CI)	Q (p)	U or U1 (p)
Aromatherapy	Kim et al. (2001)	30.21		0.48 (0.12~0.84)	2.91	14.91
	Paik (2003)	18.62		0.76 (0.31~1.21)	(.045)	(< .001)
	Choi (2009)	9.83		0.26 (-0.37~0.91)		
	Lee et al. (2006)	11.62		0.42 (-0.16~1.00)		
	Cho (2004)	10.43		1.45 (0.84~2.06)		
	Han, Ro, & Kang (2001)	9.91		1.07 (0.44~1.70)		
	Choi & Seo (2010)	9.52		0.25 (-0.39~0.89)		
	Over all			0.65 (0.45~0.84)		
Auriculotherapy	Park (2010)	16.91		0.65 (0.17~1.13)	4.71	34.61
	Cha (2008)	10.32		0.75 (0.14~1.36)	(.195)	(< .001)
	Kim & Lee (2010)	13.33		1.10 (0.56~1.64)		
	Ko (2008)	48.88		0.45 (0.17~0.73)		
	Over all			0.62 (0.42~0.83)		

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Table 1. Primers used for amplifying VP7 full-length and VP4 partial-length amplicons, and G and P typing

	Primer	Sequence	Position	Amplicon size (bp)	Reference
VP7 full-length	VP7-F	5´GGCTTTAAAAGAGAGAATTTCCGTCTGG 3´	1 ~ 28	1062	Taniguchi *et al.* [31]
	VP7-R	5´GGTCACATCATACAATTCTAATCTAAG 3´	1062 ~ 1036		
G typing	G3	5´CGTTTGAAGAAGTTGCAACAG 3´	689 ~ 709	373	Gouvea *et al.* [12]
	G5	5´GACGTAACAACGAGTACATG 3´	760 ~ 779	302	Gouvea *et al.* [13]
	G6	5´GATTCTACACAGGAACTAG 3´	481 ~ 499	581	Gouvea *et al.* [13]
	G8	5´GTCACACCATTTGTAAATTC 3´	178 ~ 197	884	Gouvea *et al.* [12]
	G10	5´ATGTCAGACTACARATACTGG 3´	666 ~ 686	396	Iturriza-Gómara *et al.* [16]
VP4 partial-length	Bov4Com5	5´TTCATTATTGGGACGATTCACA 3´	1067 ~ 1088	864	
	Bov4Com3	5´CAACCGCAGCTGATATATCATC 3´	1930 ~ 1909		Isegawa *et al.* [15]
P typing	P[1]	5´TTAAATTCATCTCTTAGTTCTC 3´	1526 ~ 1505	460	
	P[5]	5´GGCCGCATCGGATAAAGAGTCC 3´	1725 ~ 1704	659	
	P[11]	5´TGCCTCATAATATTGTTGGTCT 3´	1398 ~ 1377	332	

Reference

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Thank you.

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