The Children's Hospital of Philadelphia

Department of Pathology and Laboratory Medicine

Robert W. Doms, M.D., Ph.D. Chair & Pathologist-in-chief

Division of Anatomic Pathology

Phone: 215-590-1728 Fax: 215-590-1736

Anti-Enterocyte Antibody Clinical Form

Patient Name: _____ **DOB:** _____

Age at onset of symptoms: _____ **Age at AEA testing**: _____

Ordering Physician information:

Name _____ **Phone number** _____

Address _____

Email address _____

Associated auto-immune disorders		
Glomerulonephritis:	YES	NO
Diabetes:	YES	NO
Other (specify):	YES	NO

Clinical Manifestations					
Diarrhea:	YES	NO	Skin Rash (specify):	YES	NO
Hematochezia:	YES	NO	Chronic cough/Asthma		
Vomiting:	YES	NO	(specify):	YES	NO
Failure to thrive:	YES	NO			
Peripheral Edema:	YES	NO	Family History (specify):	YES	NO
Recurrent Infections (specify):	YES	NO	Other (specify):	YES	NO
Arthralgias/Arthritis:	YES	NO			

Biopsy Results: (Enclose copy please)
Esophagus:
Stomach:
Duodenum/Small Bowel
Colon:
Other (kidney, skin etc.):

Treatment	**Dose/KG**	**Duration**	**Response**
Corticosteroids			
Cyclosporine			
Tacrolimus			
Other (specify)			

Clinical Diagnosis: