The Children's Hospital of Philadelphia

Department of Pathology and Laboratory Medicine

Division of Anatomic Pathology

Anti-Enterocyte Antibody Clinical Form

Department of Pathology and Laboratory Medicine
Jeffrey Golden, M.D., Pathologist-in-Chief

Division of Anatomic Pathology
Pierre Russo, M.D., Chief
Paul Miller, Manager

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

Patient Name: _____ **DOB:** _____

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

Associated auto-immune disorders

Glomerulonephritis: ☐ YES ☐ NO
Diabetes: ☐ YES ☐ NO
Other (specify): ☐ YES ☐ NO

Clinical Manifestations

Diarrhea: ☐ YES ☐ NO
Hematchezia: ☐ YES ☐ NO
Vomiting: ☐ YES ☐ NO
Failure to thrive: ☐ YES ☐ NO
Peripheral Edema: ☐ YES ☐ NO
Recurrent Infections (specify): ☐ YES ☐ NO
Athralgias/Arthritis: ☐ YES ☐ NO
Skin Rash (specify): ☐ YES ☐ NO
Recurrent Infections (specify): ☐ YES ☐ NO
Chronic cough/Asthma (specify): ☐ YES ☐ NO
Family History (specify): ☐ YES ☐ NO
Other (specify): ☐ YES ☐ NO

Biopsy Results: (enclose copy please)

Esphoagus:
Stomach:
Duodenum/Small Bowel:
Colon:
Other (kidney, skin, etc):

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