



**MAYO CLINIC**  
Mayo Medical Laboratories

**1-800-533-1710**

**SPECIMEN INFORMATION**  
**REMINDER**

**NOTIFICATION DATE:** May 19, 2009

**ANTI-ENTEROCYTE ANTIBODIES**  
**#91854**

**EXPLANATION:** All specimens submitted for test #91854, Anti-Enterocyte Antibodies, require a completed clinical summary/medical history form to accompany the specimen. Failure to submit this required form will result in delayed transport of the specimen to Children's Hospital of Philadelphia, the performing location for this test.

**NOTE:** A copy of the clinical summary/medical history form is attached.

**QUESTIONS:** Contact your Mayo Medical Laboratories' Regional Manager  
Mark Kjer, Mayo Medical Laboratories' Technologist Support  
Telephone: 800-533-1710

## ANTI-ENTEROCYTE ANTIBODY (AEA) CLINICAL FORM

ANTI-ENTEROCYTE ANTIBODY (AEA) CLINICAL FORM						
PATIENT	DOB	AGE AT ONSET OF SYMPTOMS	AGE AT AEA TESTING	CLINICAL MANIFESTATIONS (YES OR NO)		
				DIARRHEA	HEMATOCHEZIA	VOMITING
	/ / DAY/MO/YR					
<u>ASSOCIATED AUTO-IMMUNE DISORDERS: (YES OR NO)</u>						
GLOMERULONEPHRITIS	DIABETES	OTHER(SPECIFY)	ATHRALGIAS/ ARTHRITIS	FEVERS	RECURRENT INFECTION (SPECIFY)	
BIOPSY RESULTS: (enclose copy please)  ESOPHAGUS: _____  STOMACH: _____  DUODENUM/SMALL BOWEL: _____  COLON: _____  OTHER (KIDNEY, SKIN, ETC) _____				SKIN RASH (SPECIFY)	FAMILY HISTORY (SPECIFY)	OTHER (SPECIFY)
TREATMENTS:		DOSE/KG	DURATION		RESPONSE	
CORTICOSTEROIDS						
CYCLOSPORINE						
TACROLIMUS						
OTHER (SPECIFY)						