

This patient has verbally given permission to share this contact information with the UMHS IBD research team and to be contacted by the UMHS IBD team.

Referring Physician: _____

Practice Address: _____

Practice Phone: _(_____)_____

Patient Name: _____

Date of Birth: ___MMM___/___DDD___/___YYY___

Patient Phone: _(_____)_____

Patient Email: _____

Patient Address: _____

Type of Inflammatory Bowel Disease: Crohn's Disease Ulcerative Colitis Unknown

Current Therapy for IBD includes: Remicade Humira Cimzia Simponi

Entyvio Tysabri Imuran, 6MP, or Azathioprine Methotrexate

Prednisone/budesonide - Circle one, current dose in milligrams per day: _____

Xeljanz Stelara Sulfasalazine, Apriso, Delzicol, Asacol, Colazal, or Lialda

Previous Therapies for IBD include: Remicade Humira Cimzia Simponi

Entyvio Tysabri Imuran, 6MP, or Azathioprine Methotrexate

Prednisone or budesonide Xeljanz Stelara

Sulfasalazine, Apriso, Delzicol, Asacol, Colazal, or Lialda

Evidence of current active intestinal inflammation by: Endoscopy Biopsies

CRP Fecal Calprotectin CT enterography or MR enterography

Patient's Intestinal Anatomy:

This patient has a(n): No previous surgery 1-2 previous intestinal resections

>2 previous intestinal resections J pouch Ostomy

Less than 100 cm of small intestine remaining

- Please include
1. Latest lower endoscopy report
 2. Latest pathology report from biopsies of colon or terminal ileum
 3. Most recent report from CT enterography or MR enterography if available
 4. Most recent CRP or fecal calprotectin
 5. Note from most recent clinic visit

Fax to 734-763-2535, attention IBD Study Coordinators

Or email to higginsSCTeam@umich.edu