

1. Patient personal details

Insurance number:.....
Name:.....
Date of birth:.....
Place of birth (country and city):.....
Gender: Female / Male

Was the patient involved in HUPIR? Yes / No
If yes: Code:

Phone number:.....
E-mail address:.....
Ethnicity/Race: White / Black / Indian / Asian / Other:
Age:

Time of questioning:(year, month, day)
the method of data collection: Retrospective / Prospective
If prospective: Was written consent given by the parent? Yes / No
Was written consent given by the children? Yes / No

Country:
City:
Hospital:
Doctor: Blood
sample code:
Date of blood sampling:

2. Diagnosis:

Crohn disease / Ulcerative colitis / IBD-U

3. Details from the medical history / Risk factors

Actual education: elementary school / vocational school / secondary school

Smoking: Yes / No
If yes: amount (cigarettes/day):.....
For how many years?:.....

Alcohol consumption: Yes / No
If yes: frequency: occasionally/monthly/weekly/daily
amount (g/day):.....
Since when? (years).....
alcohol consumption in the last 2 weeks (g):.....

Guide for estimation of the amount:
1 dl beer (4.5 vol. %) = ~3.5 g alcohol
1 dl wine (12.5 vol. %) = ~10 g alcohol
1 dl hard drink (50 vol. %) = ~40 g alcohol

Caffeine consumption: Yes / No
If yes, in what form do you consume caffeine?

Coffee: Yes / No
If yes, how often do you consume coffee? occasionally/monthly/weekly/daily
How much do you consume?.....(1 dose = one espresso or long coffee)

Instant Coffee: Yes / No
If yes, how often do you consume instant coffee? occasionally/monthly/weekly/daily
How much do you consume?.....(1 dose = one packet)

Tee (black or green): Yes / No
If yes, how often do you consume tee? occasionally/monthly/weekly/daily
How much do you consume?.....(1 dose =2 dl)

Energy drink: Yes / No

If yes, how often do you consume energy drink ? occasionally/monthly/weekly/daily
 How much do you consume?.....(1 dose = 2,5 dl)

Coca-cola: Yes / No

If yes, how often do you consume coca-cola? occasionally/monthly/weekly/daily
 How much do you consume?.....(1 dose =3,3 dl)

Caffeine tablet: Yes / No

If yes, how often do you consume caffeine tablet? occasionally/monthly/weekly/daily
 How many do you consume?.....(1 dose =1 tablet= 100 mg)

Drug abuse: Yes / No *Prescribed medication should not be included here.*

If yes, what kind of drug did you consume?

Party drugs: (pl. Amfetamin, Ecstasy, Gina, Mefedron): Yes / No

If yes, how much did you take?How many years ago?.....

Light drugs: (LSD, Marihuana, Hasis): Yes / No

If yes, how much did you take?How many years ago?.....

Hard drugs: (Crack, Heroin, Cocain, Opium): Yes / No

If yes, how much did you take?How many years ago?.....

Medicines: (Diazepam, Cetamin, Codein): Yes / No

If yes, how much did you take?How many years ago?.....

Designer drugs: (Mefedron, sintetic cannabinoids): Yes / No

If yes, how much did you take?How many years ago?.....

Oral contraceptive usage: Yes / No

If yes, when did you take oral contraceptives? before IBD diagnosis/ at the time of IBD diagnosis
 If yes, total duration of Oral contraceptive usage..... (in months)

NSAID usage (longer than 2 weeks): Yes / No

If yes, when did you take NSAID? before IBD diagnosis / at the time of IBD diagnosis

Usage of antibiotics: Yes / No

If yes, when did you take NSAID? before IBD diagnosis / at the time of IBD diagnosis

Usage of antibiotics before the age of 2: Yes / No**How long does the patient get breast milk? (not just exclusively):**(months)**Family history:** Yes / No

If yes: UC / CD

which first degree relative: father / mother / sibling / child

which second degree relative: paternal grandfather, paternal grandmother,
 maternal grandfather, maternal grandmother, paternal cousin, maternal cousin,
 father's brother (uncle, aunt), mother's brother (uncle, aunt), brother's child
 (nephew, niece), grandson, paternal grandfather's brother, paternal grandmother's
 brother, maternal grandfather's brother grandmother's brother

Previous surgeries not related to IBD: Yes / No

If yes, 1. type of surgery:.....date of surgery:.....(year, month)
 2. type of surgery:.....date of surgery:.....(year, month)

Comorbidities: Yes / No

Comorbidity 1. :.....

date of diagnosis:.....(year)

drug treatment: Yes / No

if yes, name(s) and dose(s) of the used medication(s):.....

surgical treatment: Yes / No

If yes, type of surgery:.....

Comorbidity 1. :.....

date of diagnosis:.....(year)

drug treatment: Yes / No

if yes, name(s) and dose(s) of the used medication(s):.....

surgical treatment: Yes / No

if yes, type of surgery:.....

Autoimmun disease? Yes / No

If yes, the diagnosis: Hashimoto thyroiditis / Addison-syndroma / Sjögren- syndrome / systemic lupus erythematosus (SLE) / Rheumatoid arthritis (RA) / coeliakia / other:.....

Pregnancy: Yes / No / man patient

If yes: Number of pregnancies (number):.....

Number of live births (number):.....

If the IBD was diagnosed before the pregnancy, please fill out the Form P - Pregnancy

4. Data on the diagnosis

Date of diagnosis (year, month):

Start of symptoms (year, month):

Patient's age at the diagnosis:

The name of the gastroenterologist who established the diagnosis:.....

The workplace of the gastroenterologist who established the diagnosis: hospital (county/urban) / clinic / polyclinic / private practice

Prior to the diagnosis, where lived the patient predominantly? city / village

Diagnosis was based on:

Symptoms at the diagnosis: abdominal pain / nausea / vomiting / subfebrility / fever / loss of weight / diarrhoea / bloody stool/ mucous stool/ fistula / extraintestinal manifestation / growth failure / delayed puberty / appendicitis- appendectomy / aphtha / perianal lesion / other.....

Type of extraintestinal manifestation(s): uveitis / pyoderma gangrenosum / erythema nodosum / arthritis / arthralgia / osteoporosis / sclerotic cholangitis / autoimmun hepatitis / other:

Perianal lesion: skin tag / fissura / abscess / fistula / other:

CD with fistula:

type of the fistula: simple / complex

localization of the fistula: perianal / rectovaginal / entero-enteral / enterocutan / enterovesical

determination of fistula type: physical state / endoscopy / images of the pelvic: (MRI / Ultrasound) / EUA: rectal examination in anesthesia

number of fistula:.....(number)

Intra-abdominal complication(s) at the diagnosis? Yes / No

If yes strictura: yes / no

if yes, where?

abscess: yes / no

if yes, where?

fistula: yes / no

if yes, where?

Endoscopy

Ileo-colonoscopy: Yes / No

The date of the Ileo-colonoscopy:.....(year, month, day)

File upload:

In case of CD:

Ileum: Can the given intestinal section be evaluated? Yes / No

If not evaluable: resected / can not be examined due to stenosis / can not be examined due to technical reasons / contaminated

If evaluable: Can the SES-CD be given? Yes / No

If yes: the SES-CD score:.....

If no: inflammation / erosion / ulcer / stricture / intact

Right colon: Can the given intestinal section be evaluated? Yes / No

If not evaluable: resected / can not be examined due to stenosis / can not be examined due to technical reasons / contaminated

If evaluable: Can the SES-CD be given? Yes / No

If yes: the SES-CD score:.....

If no: inflammation / erosion / ulcer / stricture / intact

Transverse colon: Can the given intestinal section be evaluated? Yes / No

If not evaluable: resected / can not be examined due to stenosis / can not be examined due to technical reasons / contaminated

If evaluable: Can the SES-CD be given? Yes / No

If yes: the SES-CD score:.....

If no: inflammation / erosion / ulcer / stricture / intact

Left colon: Can the given intestinal section be evaluated? Yes / No

If not evaluable: resected / can not be examined due to stenosis / can not be examined due to technical reasons / contaminated

If evaluable: Can the SES-CD be given? Yes / No

If yes: the SES-CD score:.....

If no: inflammation / erosion / ulcer / stricture / intact

Rectum: Can the given intestinal section be evaluated? Yes / No

If not evaluable: resected / can not be examined due to stenosis / can not be examined due to technical reasons / contaminated

If evaluable: Can the SES-CD be given? Yes / No

If yes: the SES-CD score:.....

If no: inflammation / erosion / ulcer / stricture / intact

SES-CD score of the lower GI tract: point

inactive: score 0–3; mild: score 4–10; moderately severe: score 11–19; severe: score \geq 20.

	Ileum	Right colon	Transverse colon	Left colon	Rectum
Size of the ulcer (0: no ulcer; 1: 0,1-0,5 cm; 2: 0,5-2 cm; 3: >2 cm)					
Ulcerated surface (0: no ulcer; 1: <10%; 2:10-30%; 3: >30%)					
Surface affected (0: no ulcer; 1: <50%; 2:50-75%; 3: >75%)					
Stricture (0: no sticture; 1: one stricture, possible to get through; 2: more sticture, possible to get through; 3: possible to get through)					
Total SES-CD for the intestinal tract					
SES-CD score of the lower GI tract					

In case of UC and IBD-U:

Localization:

- E1 – proctitis ulcerosa (S 0 – clinical remisison, S 1- mild vulnerable, S 2- moderate vulnerable, S 3 – severe vulnerable)
- E2 – left sided colitis (S 0 – clinical remisison, S 1- mild vulnerable, S 2- moderate vulnerable, S 3 – severe vulnerabl)
- E3 – pancolitis (S 0 – clinical remisison, S 1- mild vulnerable, S 2- moderate vulnerable, S 3 – severe vulnerabl)

Whether terminal ileum intubation occurred? Yes / No

If yes: 0 – normal, 1- mild vulnerable, 2- moderate vulnerable, 3 – spontaneous bleeding

If no, reason for intubation failure: stenosis / did not try / other:.....

Oesophagogastroduodenoscopy: Yes / No

The date of oesophagogastroduodenoscopy:.....(year, month, day)

File upload:

In case of CD:

Esophagus: Can the given intestinal section be evaluated? Yes / No

If not evaluable: resected / can not be examined due to stenosis / can not be examined due to technical reasons / contaminated

If evaluable: Can the SES-CD be given? Yes / No

If yes: the SES-CD score:.....

If no: inflammation / erosion / ulcer / stricture / intact

Gastric: Can the given intestinal section be evaluated? Yes / No

If not evaluable: resected / can not be examined due to stenosis / can not be examined due to technical reasons / contaminated

If evaluable: Can the SES-CD be given? Yes / No

If yes: the SES-CD score:.....

If no: inflammation / erosion / ulcer / stricture / intact

Duodenum: Can the given intestinal section be evaluated? Yes / No

If not evaluable: resected / can not be examined due to stenosis / can not be examined due to technical reasons / contaminated

If evaluable: Can the SES-CD be given? Yes / No

If yes: the SES-CD score:.....

If no: inflammation / erosion / ulcer / stricture / intact

SES-CD score of the upper GI tract:.....point

	Esophagus	Gastric	Duodenum
Size of the ulcer (0: no ulcer; 1: 0,1-0,5 cm; 2: 0,5-2 cm; 3: >2 cm)			
Ulcerated surface (0: no ulcer; 1: <10%; 2:10-30%; 3: >30%)			
Surface affected (0: no ulcer; 1: <50%; 2:50-75%; 3: >75%)			
Stricture (0: no stricture; 1: one stricture, possible to get through; 2: more stricture, possible to get through; 3: possible to get through)			
Total SES-CD for the intestinal tract			
SES-CD score of the lower GI tract			

In case of UC and IBD-U:

Can be seen any alteration in the upper GI? Yes / No

If yes, eltérés helye: nyelőcső/ gyomor/ duodenum
eltérés leírása:.....

Histology: Yes / No (description can be attached)

If yes, please upload a file
Granuloma? Yes / No

Imaging findings at the diagnosis:

Abdominal ultrasound: Yes / No (description can be attached)

If yes, the result: negative / abnormality

Name the abnormality: free abdominal fluid / thickness of the intestinal wall / abscess / bowel conglomerate / abnormality of the liver / other (e.g: tumor)

The localization of the intestinal wall thickness: duodenum / small bowels / coecum / colon ascendens / colon transversum / colon descendens / sigmoid / rectum

Name the abnormality of the liver: dilatation of the bile ducts / diffuse lesion of the liver parenchyma

Abdominal X-ray: Yes / No (description can be attached)

If yes, the result: negative / abnormality

Name the abnormality: perforation / ileus / passage disturbance/ other (e.g: tumor)

Abdominal CT: Yes / No (description can be attached)

If yes, the result: negative / abnormality

Name the abnormality: free abdominal fluid / thickness of the intestinal wall / abscess / bowel conglomerate / abnormality of the liver / other (e.g: tumor)

The localization of the intestinal wall thickness: duodenum / small bowels / coecum / colon ascendens / colon transversum / colon descendens / sigmoid / rectum

Name the abnormality of the liver: dilatation of the bile ducts / diffuse lesion of the liver parenchyma

CT-enterography/enteroclysis: Yes / No (description can be attached)

If yes, findings:.....

Abdominal MRI: Yes / No (description can be attached)

If yes, the result: negative / abnormality

Name the abnormality: free abdominal fluid / thickness of the intestinal wall / abscess / bowel conglomerate / abnormality of the liver / other (e.g: tumor)

The localization of the intestinal wall thickness: duodenum / small bowels / coecum / colon ascendens / colon transversum / colon descendens / sigmoid / rectum

Name the abnormality of the liver: dilatation of the bile ducts / diffuse lesion of the liver parenchyma

MR-enterography/enteroclysis: Yes / No (description can be attached)

If yes, findings:.....

MRCP: Yes / No (description can be attached)

If yes, the result: negative / abnormality

Name the abnormality: intrahepatic PSC / extrahepatic PSC / chronic pancreatitis / cholangiocarcinoma

EUS (rectal): Yes / No

If yes, the result: negative / abnormality

Name the abnormality: PSC / cholangiocarcinoma / steatosis hepatis / other (e.g: tumor)

Capsule endoscopy: Yes / No (description can be attached)

If yes, the result:.....

Paris Classification:

Age at diagnosis: **A1a:** 0 to <10 yr / **A1b** 10 to <17 yr **A2:** 17 - 40 yr

In case of CD:

Localization: **L1:** distal 1/3 ileal + limited cecal disease / **L2:** colonic / **L3:** ileocolonic **L4a:** upper disease proximal to ligament of Treitz / **L4b** upper disease distal to ligament of Treitz

Behavior: **B1:** non-stricturing, non-penetrating / **B2:** stricturing / **B3:** penetrating / **B2B3:** both penetrating and structuring disease either at the same or different times

Growth: **G0:** no evidence of growth delay / **G1:** growth delay

In case of UC and IBD-U:

Localization: **E1:** ulcerative proctitis / **E2:** left-sided UC (distal to splenic flexure) / **E3:** extensive colitis (hepatic flexure distally) / **E4:** pancolitis (proximal to hepatic flexure) cannot be judged, no complete colonoscopy was performed

Severity: **S0** (PUCAI < 65) / **S1** (PUCAI ≥ 65)

IBD related surgical interventions: Yes / No

- 1. type of the surgery:** appendectomy / relief ileostomy ileostoma / proctocolectomy + IPAA / proctocolectomy + ileostomy / right hemicolectomy / ileal resection / segmental resection / stricturo-plastica / abscess exploration / fistulotomy / seton drainage/ fistulotomy +seton drainage

The localisation of the resection:..... / No resection

Description of the surgery:..... (result can be attached)

Histology:..... (result can be attached)

5. Other relevant events / examinations at the diagnosis

Did the patient get transfusion? Yes / No

If yes, how many units:..... (number)

Functional examinations: Yes / No

If yes: lactose intolerance: Yes / No
If yes, the result: positive/ negative
lactulose intolerance: Yes / No
If yes, the result: positive/ negative
other tests: Yes / No
If yes, the name of the test:.....
If yes, the result: positive/ negative

Did the patient visit psychologist? Yes / No

If yes, with what kind of problem did the patient go to the psychologist?.....
started medication: Yes / No
if yes, name and dose of the drug:.....
started non-medical treatment: Yes / No
if yes, name the non-medical treatment:

Was the patient vaccinated? Yes / No

If yes, what kind of vaccination did the patient get? Influenza / HPV/ Hepatitis A/ Hepatitis B/
Pneumococcus/ Meningococcus B / Meningococcus C / tick-borne encephalitis / Varicella /
COVID-19 / other.....

Was osteoporosis examined? (DEXA) Yes / No

If yes, results: normal / osteopenia / osteoporosis
Started medication: Yes / No
If yes, name and dose of the drug:.....
hip Z-score:.....hip T-score:
radius Z-score: radius T-score:
lumbal spine Z-score: lumbal spine T-score:
thigh neck Z-score: thigh neck T-score:
Can other scores be given (e.g neck)? Yes / No
If yes, result(s):

Other examination:..... (name the examination)

TPMT genetics: TPMT*2 (G238C) / TPMT*3A (G460A)/ TPMT*3A (A719G)

Celiac disease immunserology: Yes / No

If yes, the result: positive/ negative

6. Initial therapy

Nutrition therapy as induction therapy: Yes / No

If yes: **exclusive enteral nutrition (EEN): Yes / No**

If no, patient did not undertake / did not tolerate / other.....

If yes, applied formula: monomer / polymer / elementary / semi-elementary

way of feeding: oral / tube feeding / combination of them

planned length of feeding: (week)

partial enteral nutrition: Yes / No

If yes, amount of formula (ml)

partial enteral nutrition + CDED (Crohn's disease exclusion diet): Yes / No

Other:

Drug therapy as induction therapy: Yes / No

If yes, the name of the drug:.....

active substance:.....

dose:.....

unit of measure: gramm / milligram / NE / packet / piece

in case of liquid, concentration:.....

doseage:.....

doseage interval: daily / weekly

method of administration: intravenous / per os / subcutan / cone / enteral / rectal (enema)

other consideration:

the name of the drug:.....

active substance:.....

dose:.....

unit of measure: gramm / milligram / NE / packet / piece

in case of liquid, concentration:.....

doseage:.....

doseage interval: daily / weekly

method of administration: intravenous / per os / subcutan / cone / enteral / rectal (enema)

other consideration:

the name of the drug:.....

active substance:.....

dose:.....

unit of measure: gramm / milligram / NE / packet / piece

in case of liquid, concentration:.....

doseage:.....

doseage interval: daily / weekly

method of administration: intravenous / per os / subcutan / cone / enteral / rectal (enema)

other consideration:

Does the patient receive vitamin D supplementation? Yes / No

Is iron substitution needed? Yes / No

If yes, the name of the applied iron substitution:.....

the way of intake: intravenous / per os

Does the patient keep any kind of diet? Yes / No

If yes, what kind of diet does the patient keep?.....

Does the patient receive dietary advice from a dietitian? Yes / No

7. Status, present complaints

Weight:..... (kg)

Height:..... (m)

BMI(kg/m²)

Percentile:..... (pc)

Pediatric Crohn's Disease Activity Index (PCDAI)

1. ANAMNESIS

Abdominal pain:

none	0 point
mild, does not interfere with activities	5 point
moderate / severe, affect activities	10 point

Number of stools per day

0-1x, no blood	0 point
1-2x, semi formed, small blood or 2-5x, liquid	5 point
≥6 liquid, gross blood, or nocturnal diarrhea	10 point

General well-being of the child

Well, no limitations of activities	0 point
Occasional difficulty in maintaining age-appropriate activities	5 point
frequent limitation of activity	10 point

2. Laboratory

Hematocrit:

> 34%	0 point
30-33%	2,5point
< 29%	5 point

We (mm/h) or CRP (mg/l):

< 20	0 point
20-50	2,5 point
> 50	5 point

Albumin (g/l):

> 35	0 point
31-34	5 point
< 30	10 point

3. Physical examination

Weight development

Adequate growth	0 point
Held weight, 1-9% weight loss	5 point
Weight loss ≥10%	10 point

Lack of length growing

< 1 SD	0 point
1-2 SD	5 point
> 2 SD	10 point

Abdomen

No tenderness, no mass	0 point
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Tenderness; or mass, without abdominal pain	5 point
Tenderness/ abdominal pain, mass	10 point
Perirectal disease	
None	0 point
1-2 indolent fistulae, scant drainage, and no tenderness	5 point
Active fistula, abscess	10 point
Extraintestinal manifestation (<i>Fever $\geq 38.5^{\circ}\text{C}$ (101.3°F) for 3 days over past week, arthritis, uveitis, erythema nodosum, or pyoderma gangrenosum</i>)	
None	0 point
1	5 point
≥ 2	10 point

Results

PCDAI scores (min 0 - max 100 point):

<i>Total remission, no activation</i>	<i>< 10</i>
<i>Mild activity</i>	<i>11-30</i>
<i>Severe, expressed activity</i>	<i>31-100</i>

Pediatric Ulcerative Colitis Activity Index (PUCAI)

Abdominal pain:

None	0 point
Mild, pain can be ignored	5 point
Moderate / severe pain cannot be ignored	10 point

Rectal bleeding

None	0 point
Small amount only, in <50% of stools	10 point
Small amount only, in >50% of stools	20 point
Large amount, in >50% of stools	30 point

Stool consistency of most stools

Formed	0 point
Partially formed	5 point
Completely unformed	10 point

Number of stools / 24h

0-2	0 point
3-5	5 point
6-8	10 point
> 8	15 point

Nocturnal stools

No	0 point
Yes	10 point

General well-being of the child

No limitations of activity	0 point
Occasional limitations of activity	5 point
Severe restricted activity	10 point

Results

PUCAI scores (min 0 – max 85):.....

<i>Total remisison, no activity</i>	<i>< 10</i>
<i>mild activity</i>	<i>10-34</i>
<i>moderate activity</i>	<i>35-64</i>
<i>severe activity</i>	<i>65<</i>

MINI index

Stool (previous week)

- 0-1 normal or liquid stool without blood 0 point
- ≤2 stool with blood, or 2-5 liquid stool 4 point
- Large amount of blood, or > 5 liquid stool, or nocturnal stool 8 point

Fecal calprotectin

- <50 ug/g -3 point
- 50-99,9 ug/g 0 point
- 100-299,9 ug/g 5 point
- 300-599,9 ug/g 7 point
- 600-899,9 ug/g 9 point
- >900 ug/g 12 point

ESR and CRP (assess both of them or just one)

- We < 10 mm/h or CRP <5mg/L 0 point
- 30 >We> 10 mm/h or 10 > CRP> 5 mg/L 1 point
- 50 > We > 30 mm/h or 30 > CRP>10 mg/L 2 point
- We > 50 mm/h or CRP>30 mg/L 5 point

Results

MINI index scores (min -3 – max 25 point):.....

cut off: < 6 mucosal healing, > 8 mucosal inflammation

Activity of CD with fistula: PDAI (perianal disease activity index):

Does the patient sexually active? Yes / No / not known

QUESTIONS		Points
1	Discharge: 0 pont = no discharge; 1 = minimal mucous discharge; 2 = moderate mucous or purulent discharge; 3 = substantial discharge; 4 = gross fecal soiling	
2	Pain/ restriction of activities: 0 = no activity restriction; 1 = mild discomfort, no restriction; 2 = moderate discomfort, some limitation activities; 3 = marked discomfort, marked limitation; 4 = severe pain, severe limitation	
3	Restriction of sexual activity: 0 = no restriction in sexual activity; 1 = slight; 2 = moderate; 3 = marked; 4 = unable to engage in sexual activity	
4	Type of the perianal disease: 0 = no perianal disease/ skin tags; 1 = anal fissure or mucosal tear; 2 = <3 perianal fistula; 3 = >3 perianal fistula; 4 = anal sphincter ulceration or fistula with significant undermining of skin	
5	Degree of infiltration: 0 = no; 1 = minimal induration; 2 = moderate induration; 3 = substantial induration; 4 = abscess	
PDAI score:		

8. Serum tests

Erythrocyte sedimentation rate (We) (mm/h)	
CRP (mg/l)	
Blood	Yes / No
WBC count (G/l)	
RBC count (T/l)	
Hemoglobin (g/l)	
Hematocrit (%)	
MCV	
Platelet count (G/l)	
Ions	Yes / No
Sodium (mmol/l)	
Potassium (mmol/l)	
Calcium (mmol/l)	
Magnesium (mmol/l)	
Phosphate (mmol/l)	
Chloride (mmol/l)	
Iron (umol/l)	
Pancreas	Yes / No
Glucose (mmol/l)	
Alfa amilase (U/l)	
Lipase (U/l)	
Renal function	Yes / No
Urea nitrogen (Carbamid / BUN) (mmol/l)	
Creatinin (umol/l)	
eGFR	
Liver function	Yes / No
Total bilirubin (umol/l)	
Direct/conjugated bilirubin (umol/l)	
Indirect bilirubin (umol/l)	
ASAT / GOT (U/l)	
ALAT / GPT (U/l)	
Gamma GT (U/l)	
Alkaline phosphatase (U/l)	
Lactate dehydrogenase LDH (U/l)	
Protrombin (%)	
Protrombin INR	
Metabolism	Yes / No
Cholesterol (mmol/l)	
Triglicerides (mmol/l)	
Uric acid (umol/l)	
TSH (mU/l)	
HgbA1C (%)	
Proteins	Yes / No
Total protein (g/l)	
Albumin (g/l)	
Globulin alfa1 (g/l)	
Globulin alfa2 (g/l)	
Globulin beta (g/l)	

Globulin gamma (g/l)	
Fibrinogen (g/l)	
IBD	Yes / No
Calprotectin (µg/g)	
Procalcitonin (ng/ml)	
IgA (g/l)	
IgM (g/l)	
IgG (g/l)	
Ferritin (ug/l)	
Transferrin saturation (%)	
B12 level (pmol/l)	
Folic acid (nmol/l)	
ASCA IgA	
ASCA IgG	
ANA	
pANCA	
IgG4 (g/l)	
CEA (ug/l)	
CA 19-9 (U/ml)	
Infliximab TL (ug/ml)	
Adalimumab TL (ug/ml)	
Anti-Infliximab antibody (ug/ml)	
Anti-Adalimumab antibody (ug/ml)	
Vvt.6-TGN (pmol/8x10 ⁸ RBC)	

9. Other comments

Are there any information which is not uploaded above? Yes / No
 If yes, Comments related to the patient:.....
 (File upload is possible)