

IBD biorepository sample database

Record ID	<hr/>
Sample number (unique)	<hr/> (unique identifier for each individual sample)
Label on sample	<hr/>
Medical record number	<hr/> (subjects without CHMR get 9999999)
Biorepository ID number	<hr/> (relatives get 1 decimal place (mom=.2, dad=.3, sibs = later decimals))
Who completed this CRF?	<p><input type="radio"/> Alex <input type="radio"/> Anastasia <input type="radio"/> Kate <input type="radio"/> Knox <input type="radio"/> Sarah <input type="radio"/> Sean <input type="radio"/> Spencer <input type="radio"/> Sophia <input type="radio"/> Tamar</p>
Date CRF was completed	<hr/>
Date sample was obtained	<hr/>
Did the patient consent for the registry?	<p><input type="radio"/> Yes <input type="radio"/> No</p>
Did the patient consent for the biorepository?	<p><input type="radio"/> Yes <input type="radio"/> No (Has patient consented for Snapper biorepository, or was sample obtained previously under an older protocol and grandfathered in?)</p>
Prior protocol sample was obtained under	<p><input type="radio"/> CHIMP (X06-10-0470) <input type="radio"/> Oral microbiome (X09-10-0535) <input type="radio"/> Grand Lee Genetics (04-12-173R) <input type="radio"/> Bousvaros Immunoregulation (98-12-206R) (If sample was grandfathered in from another protocol)</p>
Is sample collected from a patient with IBD?	<p><input type="radio"/> IBD patient <input type="radio"/> Control patient <input type="radio"/> Family member (This field will utilize branching to determine if sample is from an IBD patient, control patient, or family member of IBD patient)</p>
If patient has IBD, what type?	<p><input type="radio"/> Crohn's disease <input type="radio"/> Ulcerative Colitis <input type="radio"/> Indeterminate colitis (IBD-U) <input type="radio"/> IBD in transplant patient <input type="radio"/> Autoimmune enteropathy <input type="radio"/> Other</p>
Other IBD diagnosis	<hr/> (this is only for unusual IBD phenotypes)

Is there any family history of IBD?

- ☐ Yes
☐ No

Which family member(s)?

- ☐ Mother
☐ Father
☐ Full brother
☐ Full sister
☐ 2nd degree relative
☐ Other

Which relative?

Does the patient have an immunodeficiency?

- ☐ Chronic granulomatous disease
☐ IL-10 receptor deficiency
☐ IPEX
☐ NEMO mutation
☐ Wiskott Aldrich
☐ X-Linked Agammaglobulinemia
☐ Other
☐ None

What immunodeficiency?

Control diagnosis (primary)

- ☐ Allergic colitis
☐ Celiac disease
☐ Clostridium difficile infection
☐ Congenital Enteropathy
☐ Constipation
☐ Diarrhea
☐ Eosinophilic Esophagitis
☐ Functional abdominal pain
☐ GERD or Reflux
☐ Healthy control without GI disease
☐ Hirschsprung's
☐ H. pylori
☐ Immunodeficiency without IBD
☐ Irritable bowel syndrome
☐ Microscopic colitis
☐ Perianal disease
☐ Polyps
☐ Primary sclerosing cholangitis
☐ Rectal Bleeding
☐ Other

Control diagnosis if "other"

What immunodeficiency?

- ☐ Chronic granulomatous disease
☐ IL-10 receptor deficiency
☐ IPEX
☐ NEMO mutation
☐ Wiskott Aldrich
☐ X-Linked Agammaglobulinemia
☐ Other

Which immunodeficiency?

Does the patient have primary sclerosing cholangitis?

- ☐ Yes
☐ No

Family member type

- ☐ Mother
☐ Father
☐ Brother
☐ Sister
☐ Other

Family member GI diagnosis

- ☐ Healthy without GI problems
- ☐ Celiac disease
- ☐ Constipation
- ☐ Crohn Disease
- ☐ Irritable Bowel Syndrome
- ☐ Ulcerative Colitis
- ☐ Other

What diagnosis?

Patient's gender

- ☐ Female
- ☐ Male
- ☐ Unknown

Patient's date of birth

Patient's age (years)

What is the patient's race?

- ☐ Alaska Native
- ☐ American Indian
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Black or African American
- ☐ White/Caucasian

Is the patient of Hispanic or Latino origin?

- ☐ Yes
- ☐ No

Is this a VEOIBD sample?

- ☐ Yes
- ☐ No

What's the CHB ID?

Is this a VEOIBD proband?

- ☐ Yes
- ☐ No

Is this a Boston Children's Hospital participant?

- ☐ Yes
- ☐ No

What is the referring hospital?

Who is referring physician?

When did symptoms start?

When was the patient diagnosed?

Is there a family history of consanguinity?

- ☐ Yes
- ☐ No

Does the patient have a history of oral or perianal disease?

- ☐ Oral
- ☐ Perianal

NSAID exposure within the last six months?

- ☐ Yes
- ☐ No

How many doses of NSAIDs?

- ☐ < 3
- ☐ 3-6
- ☐ 7-20
- ☐ 21-30
- ☐ >30

Type of sample

- ☐ Blood
 - ☐ Fecal
 - ☐ GI Biopsy
 - ☐ Oral swab
 - ☐ Resected tissue
 - ☐ Saliva
 - ☐ Urine
 - ☐ Other
- (Type of sample acquired)
-

What kind of sample?

Was this a one-time sample?

- ☐ Longitudinal sample
- ☐ One-time sample

Which blood samples were collected?

- ☐ DNA
- ☐ PAX gene
- ☐ PBMCs
- ☐ Serum
- ☐ Sodium heparin tube
- ☐ Whole blood

How long until the fecal sample was frozen at -20?

- ☐ Frozen at -20 within 4 hours
- ☐ Frozen at -20 within 12 hours
- ☐ Frozen at -20 within 24 hours

How long until the sample was frozen at -80?

- ☐ Frozen at -80 within 24 hours
- ☐ Frozen at -80 within 1 week
- ☐ Frozen at -80 within 2 weeks

What kind(s) of media were the samples stored in?

- ☐ Freeze
- ☐ RNA later
- ☐ Ethanol
- ☐ DNA Genotek

Was DNA isolated from the sample?

- ☐ Yes
- ☐ No

Where were samples obtained during the endoscopy or colonoscopy?

- ☐ Stomach Antrum inflamed
- ☐ Stomach Antrum uninflamed
- ☐ Stomach Corpus inflamed
- ☐ Stomach Corpus uninflamed
- ☐ Duodenum inflamed
- ☐ Duodenum uninflamed
- ☐ Terminal Ileum inflamed
- ☐ Terminal Ileum uninflamed
- ☐ Cecum inflamed
- ☐ Cecum uninflamed
- ☐ Right colon inflamed
- ☐ Right colon uninflamed
- ☐ Hepatic flexure inflamed
- ☐ Hepatic flexure uninflamed
- ☐ Transverse colon inflamed
- ☐ Transverse colon uninflamed
- ☐ Splenic flexure inflamed
- ☐ Splenic flexure uninflamed
- ☐ Left colon inflamed
- ☐ Left colon uninflamed
- ☐ Sigmoid colon inflamed
- ☐ Sigmoid colon uninflamed
- ☐ Rectum inflamed
- ☐ Rectum uninflamed
- ☐ Pouch inflamed
- ☐ Pouch uninflamed

What tissue locations were obtained from surgical resection?

- ☐ Ileum inflamed
 - ☐ Ileum uninflamed
 - ☐ Cecum inflamed
 - ☐ Cecum uninflamed
 - ☐ Right colon inflamed
 - ☐ Right colon uninflamed
 - ☐ Hepatic flexure inflamed
 - ☐ Hepatic flexure uninflamed
 - ☐ Transverse colon inflamed
 - ☐ Transverse colon uninflamed
 - ☐ Splenic flexure inflamed
 - ☐ Splenic flexure uninflamed
 - ☐ Left colon inflamed
 - ☐ Left colon uninflamed
 - ☐ Sigmoid colon inflamed
 - ☐ Sigmoid colon uninflamed
 - ☐ Rectum inflamed
 - ☐ Rectum uninflamed
 - ☐ Appendix inflamed
 - ☐ Appendix uninflamed
- (location of surgical resection samples)

Were the samples utilized immediately?

- ☐ Stored in the biorepository
- ☐ Given to Camilla
- ☐ Shipped to the Netherlands
- ☐ Given to Pfizer
- ☐ Given to a Snapper lab member
- ☐ Shipped to Stanford
- ☐ Other

Where were they shipped?

Which lab member?

Harvey Bradshaw Index
General wellbeing

- ☐ Very well (0)
☐ Slightly below par (1)
☐ Poor (2)
☐ Very poor (3)
☐ Terrible (4)
(Very well: no symptoms, except perhaps mild occasional bellyache or fatigue. (We can reference the ESR/CRP.))

HBI Abdominal pain

- ☐ None (0)
☐ Mild (1)
☐ Moderate (2)
☐ Severe (3)

HBI Number of liquid stools per day

HBI Abdominal mass

- ☐ None (0)
☐ Dubious (1)
☐ Definite (2)
☐ Definite and Tender (3)

HBI Complications

- ☐ No
☐ Yes

Abscess?

- ☐ No
☐ Yes

Anal fissure?

- ☐ No
☐ Yes

Aphthous lesions?

- ☐ No
☐ Yes

Arthralgia?

- ☐ No
☐ Yes

Erythema nodosum?

- ☐ No
☐ Yes

New fistula?

- ☐ No
☐ Yes

Pyoderma gangrenosum?

- ☐ No
☐ Yes

Uveitis?

- ☐ No
☐ Yes

HBI total score

SCCAI Bowel frequency (day)

- ☐ 1 to 3 (0)
☐ 4 to 6 (1)
☐ 7 to 9 (2)
☐ More than 9 (3)

SCCAI Bowel frequency (night)

- ☐ None (0)
☐ 1 to 3 (1)
☐ 4 to 6 (2)

SCCAI Urgency of defecation

- ☐ None (0)
☐ Hurry (1)
☐ Immediately (2)
☐ Incontinence (3)

SCCAI Blood in the stool	<input type="radio"/> None (0) <input type="radio"/> Trace (1) <input type="radio"/> Occasionally frank (2) <input type="radio"/> Usually frank (3)
SCCAI General wellbeing	<input type="radio"/> Very well (0) <input type="radio"/> Slightly below par (1) <input type="radio"/> Poor (2) <input type="radio"/> Very poor (3) <input type="radio"/> Terrible (4)
Extraintestinal manifestations of IBD	<input type="radio"/> Yes <input type="radio"/> No (Check all that apply, 1 point each)
Arthralgia	<input type="radio"/> No <input type="radio"/> Yes
Erythema nodosum	<input type="radio"/> No <input type="radio"/> Yes
Pyoderma gangrenosum	<input type="radio"/> No <input type="radio"/> Yes
Uveitis	<input type="radio"/> No <input type="radio"/> Yes
SCCAI total score	<hr/>
PUCAI Abdominal pain	<input type="radio"/> None (0) <input type="radio"/> Pain can be ignored (5) <input type="radio"/> Pain cannot be ignored (10) (All PUCAI items refer to the last week)
PUCAI Rectal bleeding	<input type="radio"/> None (0) <input type="radio"/> Small amount only, in less than 50% of stools (10) <input type="radio"/> Small amount with most stools (20) <input type="radio"/> Large amount, >50% of stool content (30)
PUCAI Stool consistency	<input type="radio"/> Formed (0) <input type="radio"/> Partially formed (5) <input type="radio"/> Completely unformed (10)
PUCAI Stool frequency per day	<input type="radio"/> 0-2 (0) <input type="radio"/> 3-5 (5) <input type="radio"/> 6-8 (10) <input type="radio"/> >8 (15)
PUCAI Nocturnal stools	<input type="radio"/> No (0) <input type="radio"/> Yes (10) (Did any nocturnal stools cause the patient to awaken?)
PUCAI Activity limitation	<input type="radio"/> No limitation of activity (0) <input type="radio"/> Occasional limitation of activity (5) <input type="radio"/> Severe restricted activity (10)
PUCAI Total score	<hr/>
Is the subject on any medications?	<input type="radio"/> Yes <input type="radio"/> No
Aminosalicylate use within the last 2 weeks?	<input type="radio"/> Yes <input type="radio"/> No

Which aminosalicylates are currently being used?

- ☐ Mesalamine (Asacol, Canasa, Pentasa, Rowasa, Apriso, Lialda)
- ☐ Balsalazide (Colazal)
- ☐ Sulfasalazine (Azulfidine)
- ☐ Olsalazine (Dipentum)

Antibiotic use within the last two weeks?

- ☐ Yes
- ☐ No

Which antibiotic(s)?

- ☐ Amoxicillin (Amoxil), Amoxicillin/Clavulanate (Augmentin)
- ☐ Ciprofloxacin (Cipro)
- ☐ Metronidazole (Flagyl)
- ☐ Rifaximin (Xifaxin)
- ☐ Trimethoprim/Sulfamethoxazole (Bactrim)
- ☐ Vancomycin
- ☐ Other

What antibiotic?

Probiotic use within the last month?

- ☐ Yes
- ☐ No

Which probiotic(s)?

- ☐ VSL3
- ☐ LGG (Culturelle)
- ☐ Florastor
- ☐ Other

What probiotic?

Glucocorticoid use within the last two weeks?

- ☐ Yes
- ☐ No

Which glucocorticoid(s)?

- ☐ Budesonide (Entocort)
- ☐ Hydrocortisone enema (Cortenema, Colocort, Cortifoam)
- ☐ Methylprednisolone (Solumedrol)
- ☐ Prednisone, prednisolone (Prelone)

Immunomodulator use within the last 3 months?

- ☐ Yes
- ☐ No

Which immunomodulator(s)?

- ☐ 6-mercaptopurine (6-MP)
- ☐ Azathioprine (Imuran)
- ☐ Methotrexate (Folex, Rheumatrex, Mexate)

Anti-TNF use within the last 3 months?

- ☐ Yes
- ☐ No

Which anti-TNF(s)?

- ☐ Infliximab (Remicade)
- ☐ Adalimumab (Humira)
- ☐ Certolizumab pegol (Cimzia)
- ☐ Golimumab (Simponi)

Calcineurin inhibitor use within the last three months?

- ☐ Yes
- ☐ No

Which calcineurin inhibitor(s)?

- ☐ Cyclosporine
- ☐ Tacrolimus

Other biologics within the last 3 months?

- ☐ Yes
- ☐ No

Which biologic(s)?

- ☐ Natalizumab (Tysabri)
☐ Ustekinumab (Stelara)
☐ Vedolizumab (Entyvio)

Has the subject received a fecal transplant?

- ☐ Yes
☐ No

Other meds within the last two weeks?

- ☐ Yes
☐ No

Which other medications?

- ☐ Thalidomide
☐ Other

What med(s)?

When were labs taken?

HCT (%)

WBC (K cells/uL)

PLT (K cells/uL)

CRP (mg/dL)

ESR (mm/hr)

ALB (g/dL)

Notes
