7961 Falling Creek Rd
Bedford, Virginia 24523
Phone # (540) 425-0467
Fax # (540)-527-9837
Email: pspcbdfoundation@gmail.com

Application for Clinical Trial Assistance

*This application allows for a Clinical Trial Grant of $1000.00 to assist the participant with participating in the **Neurologic Bone Marrow Derived Stem Cell Treatment Study** in **Progressive Supranuclear Palsy &Corticobasal Degeneration** clinical trial*

<table>
<tr><td>Name of Applicant:</td><td>Date of Birth:</td><td>Primary Contact #:</td></tr>
<tr><td colspan="3">Primary Mailing Address (of applicant):</td></tr>
<tr><td>Person filling out the form:</td><td>What Is your relation to the applicant:</td><td>Primary Contact #:</td></tr>
<tr><td>Primary Contact Email:</td><td rowspan="2">Primary Diagnosis related to application:
☐ PSP
☐ CBS
☐ CBD
☐ PSP and CBS/CBD</td><td rowspan="2">Has the applicant applied for assistance with us prior?
☐ Yes
☐ No</td></tr>
<tr><td>Secondary Contact Email:</td></tr>
</table>

Which clinical trial location is the applicant participating at:

_____

Start date of participation in clinical trial:

_____

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Reason for the request:

_____

_____

The applicant must provide a detailed list of the intended use of these funds. Failure to provide this list may result in the funds being considered as taxable income, reported on a 1099 from the Foundation.

Please list expenditures and approximate value below:

_____

_____

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_____

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_____

_____

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*This application must be signed by a licensed professional member of your multidisciplinary care team. This can include a Registered Nurse, License Practicing Nurse, Nurse Practitioner, General Physician, Physical Therapist, Occupational Therapist, Speech-language Pathologist, Dietitian associated with **Neurologic Bone Marrow Derived Stem Cell Treatment Study** clinical trial*

I testify that the applicant listed is diagnosed with progressive supranuclear palsy and/or corticobasal syndrome and/or degeneration who is currently participating in the Neurologic Bone Marrow Derived Stem Cell Treatment Study, ID#: NCT02795052.

Licensed Professional Signature Date

Licensed Professional Printed Name

NPI #:	Field of Expertise:
Contact #:	Email:

Signature of Applicant
or Individual filling out form

Printed Name

Date

*Please allow up to 30 days for processing and approval of this application prior to contacting PSP&CBD Foundation to check the status of your application. **Funds will be disbursed directly to the applicant, at the primary mailing address listed on the application.**