



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 is for a Clinical Trial Grant of \$1000.00 to assist with participation in **The Progressive Supranuclear Palsy Clinical Trial Platform (PTP)** clinical trial, ID# NCT07173803*

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

Which clinical trial location is the applicant participating at:

Start date of participation in clinical trial:

*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.**



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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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*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 The Progressive Supranuclear Palsy Clinical Trial Platform (PTP) clinical trial, ID# NCT07173803.

I certify that the applicant listed is diagnosed with progressive supranuclear palsy and/or corticobasal syndrome and/or degeneration who is currently participating in The Progressive Supranuclear Palsy Clinical Trial Platform (PTP) clinical trial, ID# NCT07173803.

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

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