

Application for Ultra-Rare Disease Assistance Program

Please return completed application to media@mmsholdings.com. Please include "Ultra-Rare Disease Assistance Program" in the subject line. If you have been in contact with an MMS representative about your application, please copy that individual.

Contact Details	
Name of organization	
Primary point of contact (name, email, phone)	
Background Information	
Please share your non-profit tax ID and any sources of funding.	
Please describe your organization. You can also share a link to your website or any other information for your organization.	
Disease, Syndrome, or Condition	
Please state the disease, syndrome, or condition that is the focus of your patient advocacy group.	
condition that is the focus of your patient	



Target Therapy	
Please briefly describe the potential therapy you or your treating physician have identified	
If known, please indicate the current status of the therapeutic (please check all that apply)	 □ Approved for another indication □ In clinical trials for another indication □ In clinical trials my indication □ In nonclinical testing □ In development (not yet manufactured)
MMS Support	
What type of regulatory support do you envision and in what timeframe?	 □ Data analytics □ Regulatory advice □ Development of an investigator IND □ Orphan Drug Application □ Other (please specify):
What has been your biggest challenge to date?	
Development Status	
Are you currently working with any other advisors/companies for product development?	
How have you consulted with or explored partnerships with drug manufacturing companies (ie, pharmaceutical companies)?	
Other	
If there is anything else you would like to share pertaining to your focus or your needs, please briefly summarize here.	