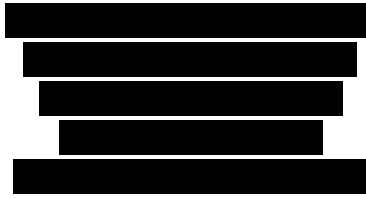


Patricia Furlong



**Founding President and CEO
Parent Project Muscular Dystrophy**

EDUCATION

College of Mount Saint Joseph, Cincinnati, OH
B.S. in Nursing
June 1969

Ohio State University, Columbus, OH
1969 – 1972
(Graduate nursing program and head of MICU; left before submitting thesis.)

EMPLOYMENT

Akron General Hospital, Akron, OH
1972 – 1975

- Nurse
- Renal Dialysis
- ICU
- CCU ER

Middletown Regional Hospital, Middletown, OH
1982 – 1983

- Nurse Educator

Parent Project Muscular Dystrophy, Middletown, OH
1994 – Present

- Founder/President and CEO

PROFESSIONAL MEMBERSHIPS

2002 – Present	Committee Member Data Safety Monitoring Board Rare Diseases Clinical Research Network
2002 – Present	Committee Member Cooperative International Neuromuscular Research Group
2005 – Present	Committee Member Collaboration in Education and Test Translation Program

2002 – 2007	Board Member Muscular Dystrophy Coordinating Committee U.S. Department of Health and Human Services
2005 – 2007	Board Member Genetic Alliance
2006 – Present	Founding Partner Duchenne Research Collaborative International (DRCI)
2008	Consumer Representative Molecular and Clinical Genetics Devices Panel Center for Devices and Radiological Health Food and Drug Administration
2011	Board of Directors of the National Organization for Rare Disorders (NORD)
2013	PCORI Merit Reviewer

HONORS

2002	Recipient of United Airlines “Everyday Hero” Award
2008	Recipient of Research! America’s Gordon and Llura Gund Leadership Award
2010	The New Yorker Magazine 2010: World Changer
2010	WebMD Health Hero 2010
2011	Mercy Circle Award, Mother of Mercy High School
2012	PharmaVoice 100 – 100 of the Most Inspiring People
2012	RARE Champion of Hope Advocacy Award
2013	Recipient of RareVoice Award “Patient Advocacy Lifetime Achievement Award”

PUBLICATIONS

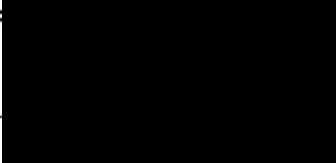
IOM (Institute of Medicine) and Committee on Accelerating Rare Diseases Research and Orphan Product Development. 2010. *Rare Diseases and Orphan Products: Accelerating Research and Development*. Washington, DC: The National Academies Press.

IOM (Institute of Medicine) and Committee on Pediatric Studies Conducted Under BPCA and PREA. 2012. *Safe and effective medicines for children: Pediatric studies conducted under the Best Pharmaceuticals for Children Act and the Pediatric Research Equity Act*. Washington, DC: The National Academies Press.

Committee on Energy and Commerce
U.S. House of Representatives
 Witness Disclosure Requirement - "Truth in Testimony"
 Required by House Rule XI, Clause 2(g)

1. Your Name: <u>Pat Furlong</u>		
2. Are you testifying on behalf of the Federal, or a State or local government entity?	Yes	<input checked="" type="radio"/> No
3. Are you testifying on behalf of an entity that is not a government entity?	<input checked="" type="radio"/> Yes	No
4. Other than yourself, please list which entity or entities you are representing: <u>Parent Project Muscular Dystrophy (PPMD)</u>		
5. Please list any Federal grants or contracts (including subgrants or subcontracts) that you or the entity you represent have received on or after October 1, 2011: <u>NINDS (5R21NS077286) 9/2011 - 6/2014</u> <u>CDC (5U38D1000452) 10/2009 - 9/2012</u>		
6. If your answer to the question in item 3 in this form is "yes," please describe your position or representational capacity with the entity or entities you are representing: <u>President & Founder of PPMD</u>		
7. If your answer to the question in item 3 is "yes," do any of the entities disclosed in item 4 have parent organizations, subsidiaries, or partnerships that you are not representing in your testimony?	Yes	<input checked="" type="radio"/> No
8. If the answer to the question in item 3 is "yes," please list any Federal grants or contracts (including subgrants or subcontracts) that were received by the entities listed under the question in item 4 on or after October 1, 2011, that exceed 10 percent of the revenue of the entities in the year received, including the source and amount of each grant or contract to be listed:		
9. Please attach your curriculum vitae to your completed disclosure form.		

Signature: _____



Date: _____

7/9/14