



## LAUREN COOPER HAND

License Number: ME145601

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2028

## General Information

### Primary Practice Address

LAUREN COOPER HAND  
1301 PALM AVENUE  
BAPTIST MD ANDERSON CANCER CENTER  
JACKSONVILLE, FL 32207

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

### Email Address

Please contact at: [laurencoperhand@gmail.com](mailto:laurencoperhand@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	MD
PENNSYLVANIA	MD

### Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

## Education and Training

## Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF FLORIDA		6/6/2009 - 5/11/2013	05/11/2013

## Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

## Professional and Postgraduate Training

This practitioner has not completed any graduate medical education.

## Academic Appointments

### Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

### Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

## Specialty Certification

### Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

## Financial Responsibility

### Financial Responsibility

I have hospital staff privileges and I have established an irrevocable letter of credit or escrow account in an amount of \$250,000/\$750,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.

## Proceedings and Actions

### Proceedings & Actions

#### Criminal Offenses

**The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.**

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

#### Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

**The information below is self reported by the practitioner.**

#### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

#### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

### Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

### Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

### Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

**Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).**

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

## Optional Information

### Committees/Memberships

This practitioner has an affiliation with the following committees:

Society of Gynecologic Oncology

American Board of Obstetrics and Gynecology

American Society of Clinical Oncology

### Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

### Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
INTEGRATING FAMILY CAREGIVER SUPPORT INTO A GYNECOLOGIC ONCOLOGY PRACTICE: AN ASCO QUALITY TRAINING PROGRAM PROJECT	J ONCOL PRACT	
DEFINING ESSENTIAL ELEMENTS OF CAREGIVER SUPPORT IN GYNECOLOGIC CANCERS, USING THE MODIFIED DELPHI METHOD	J ONCOL PRACT	
CARING FOR SURVIVORS OF GYNECOLOGIC CANCER: ASSESSMENT AND MANAGEMENT OF LONG-TERM AND LATE EFFECTS	SEMIN ONCOL NURSE	
CAREGIVING IS A MARATHON NOT A ROAD RACE: RE-ENVISIONING CAREGIVER SUPPORT SERVICES IN GYNECOLOGIC ONCOLOGY	INT J GYNECOL CANCER	
FASCIOCUTANEOUS ADVANCEMENT FLAPS FOR VULVAR RECONSTRUCTION	GYNECOL ONCOL REP	
MICROCYSTIC, ELONGATED, AND FRAGMENTED PATTERN INVASION IN OVARIAN ENDOMETRIOID CARCINOMA: IMMUNOHISTOCHEMICAL PROFILE AND PROGNOSTIC IMPLICATIONS	INT J GYNECOL PATHOL	
INCIDENTAL LEIOMYOSARCOMA FOUND AT THE TIME OF CESAREAN HYSTERECTOMY FOR MORBIDLY ADHERENT PLACENTA	GYNECOL ONCOL REP	
OUTPATIENT VERSUS INPATIENT MANAGEMENT FOR SUPERIMPOSED PREECLAMPSIA WITHOUT SEVERE FEATURES: A RETROSPECTIVE, MULTICENTER STUDY	J MATERN FETAL NEONATAL MED	

Title	Publication	Date
IDENTIFICATION OF POSSIBLE CANDIDATE GENES REGULATING SJÖGREN'S SYNDROME-ASSOCIATED AUTOIMMUNITY: A POTENTIAL ROLE FOR TNFSF4 AUTOIMMUNE EXOCRINOPATHY	ARTHRITIS RES THER	
AUTOIMMUNE DACRYOADENITIS OF NOD/LTJ MICE AND ITS SUBSEQUENT EFFECTS ON TEAR PROTEIN COMPOSITION	AM. J. PATHOL	

### Professional Web Page

This practitioner has not provided any professional web page information.

### Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

### Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.