



## CHRISTOPHER RAMIN COGLE

License Number: ME76840

Profession Medical Doctor  
License Status CLEAR/Active  
Year Began Practicing 01/01/1998  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

CHRISTOPHER RAMIN COGLE  
1515 SW ARCHER ROAD  
GAINESVILLE, FL 32608

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

| Institution Name                         | City        | State   |
|------------------------------------------|-------------|---------|
| SHANDS HOSPITAL AT THE UNIVERSITY OF FLO | GAINESVILLE | FLORIDA |

### Email Address

Please contact at: [christopher.cogle@medicine.ufl.edu](mailto:christopher.cogle@medicine.ufl.edu)

### Other State Licenses

This practitioner has not indicated any additional state licensures.

### 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 | MD           | 8/1/1993 - 5/24/1997 | 05/24/1997      |

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

| Program Name          | Program    |                                           | City        | State or Country | Dates Attended From | Dates Attended To |
|-----------------------|------------|-------------------------------------------|-------------|------------------|---------------------|-------------------|
|                       | Type       | Specialty Area Other Specialty Area       |             |                  |                     |                   |
| UNIVERSITY OF FLORIDA | RESIDENCY  | IM - INTERNAL MEDICINE                    | GAINESVILLE | FLORIDA          | 07/01/1997          | 06/30/2000        |
| UNIVERSITY OF FLORIDA | FELLOWSHIP | IM - ONCOLOGY                             | GAINESVILLE | FLORIDA          | 07/01/2000          | 06/30/2003        |
| DUKE UNIVERSITY       | FELLOWSHIP | IM - ONCOLOGY BONE MARROW TRANSPLANTATION | DURHAM      | NORTH CAROLINA   | 07/01/2003          | 10/26/2003        |

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

| Title     | Institution           | City        | State   |
|-----------|-----------------------|-------------|---------|
| PROFESSOR | UNIVERSITY OF FLORIDA | GAINESVILLE | FLORIDA |

Specialty Certification

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

| Specialty Board                     | Certification | Date Certified |
|-------------------------------------|---------------|----------------|
| AMERICAN BOARD OF INTERNAL MEDICINE | IM - ONCOLOGY |                |

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.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

**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:  
Florida Cancer Control and Research Advisory Council  
National Cancer Policy Forum

**Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

| Community Service/Award/Honor | Organization                          |
|-------------------------------|---------------------------------------|
| YOUNG INVESTIGATOR AWARD      | AMERICAN SOCIETY OF CLINICAL ONCOLOGY |
| SCHOLAR IN CLINICAL RESEARCH  | LEUKEMIA & LYMPHOMA SOCIETY           |

**Publications**

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

| Title                                                         | Publication    | Date       |
|---------------------------------------------------------------|----------------|------------|
| BUSULFAN CYCLOPHOSPHAMIDE AND ETOPOSIDE AS<br>CONDITIONING FO | AM J HEMATOL   | 07/01/2003 |
| AN OVERVIEW OF STEM CELL RESEARCH AND<br>REGULATORY ISSUES    | MAYO CLIN PROC | 08/01/2003 |

| Title                                                        | Publication            | Date       |
|--------------------------------------------------------------|------------------------|------------|
| ADULT HUMAN HEMATOPOIETIC CELLS PROVIDE FUNCTIONAL HEMANGIOB | BLOOD                  | 01/01/2004 |
| BONE MARROW TRANSDIFFERENTIATION IN BRAIN AFTER TRANSPLANTAT | LANCET                 | 05/01/2004 |
| THE HEMANGIOBLAST CRADLE TO CLINIC                           | EXP HEMATOL            | 10/01/2004 |
| DISTINCT HEMATOPOIETIC PROGENITOR COMPARTMENTS ARE DELINEATE | BLOOD                  | 07/01/2005 |
| BONE MARROW-DERIVED STEM-CELL REPOPULATION CONTRIBUTES MINIM | TRANSPLANTATION        | 07/27/2005 |
| DEVELOPMENTAL DIFFERENCES IN MEGAKARYOCYTE MATURATION ARE DE | STEM CELLS             | 10/01/2005 |
| TYPHLITIS WITH CONCURRENT APPENDICITIS IN A PATIENT WITH CHR | CLIN ADV HEMATOL ONCOL | 05/01/2003 |
| THE THROMBOPOIETIN RECEPTOR C-MPL IS A SELECTIVE SURFACE M   | J TRANSL MED           | 02/16/2006 |
| DONOR-DERIVED TYPE II PNEUMOCYTES ARE RARE IN THE LUNGS OF A | ANN CLIN LAB SCI       | 11/01/2006 |
| STEM CELL RESEARCH                                           | PAEDIATR RESPIR REV    | 06/01/2006 |

### Professional Web Page

<https://ufhealth.org/christopher-r-cogle>

### 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 provided the following national, state, local, county, and professional affiliations:

| Affiliation                                         |
|-----------------------------------------------------|
| ALACHUA COUNTY MEDICAL SOCIETY                      |
| AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE |
| AMERICAN SOCIETY OF HEMATOLOGY                      |
| FLASCO                                              |
| FLORIDA MEDICAL ASSOCIATION                         |