

Licensee Information

Lynn Gordon Eckert - PA-C

License #: 101608 License Status: Active Public Action: No
 Issue Date: 07/28/1993 Renewal Date: 04/21/2027

Active Supervisor

| Name | Type | Status | Approved |
|-----------------------------|------|--------|------------|
| Jagadeesan, Singaravelu, MD | MD | Active | 02/25/2024 |

North Carolina Hospital Admitting Privileges

| Location |
|---------------|
| None Reported |

Out of State Active/Inactive Licenses

| State |
|----------|
| Maryland |

Out of Country Active/Inactive Licenses

| Country |
|---------------|
| None Reported |

Address

Eximia Research
 4201 Blue Ridge Trail
 Suite 001
 Raleigh, NC 27607
 919-800-5154
<https://eximiarsearch.com>

Information

Days patients are seen at this practice:

Mon. through Fri.

Practice philosophy:

I am practicing in a clinical research setting. We are free standing and see all phases of medical and device research in a variety of specialties, phases 1 through 4. I am a subinvestigator, so I see patients to determine if they are a good fit for a specific trial and see them through the study visits to see how they are doing. If there are any adverse reactions, they are followed and appropriately treated until resolution. I routinely review ECG's and labs and perform pelvic

Participates in Medicare:

No

Accepting new Medicare patients:

No

Participates in Medicaid:

No

Accepting new Medicaid patients:

No

exams as well as various injections and skin biopsies as required by a given study. Many patients participate because they have lost medical insurance and with the routine care we provide as part of the study, I have helped identify such chronic conditions as hypertension and diabetes, so I feel we also serve a valuable function in assisting people with often getting the care and follow up that they need, too

Uses electronic medical records:

Yes

Non-English languages in which office is able to provide clinical services (e.g. Hindi, Spanish):

none specifically

Non-English languages in which practitioner is able to provide clinical services (e.g. Hindi, Spanish):

none specifically

PA School

| School | Graduation |
|------------|------------|
| Duke Univ. | 1992 |

Area of Practice

| Area Of Practice | Primary |
|-------------------|---------|
| Clinical Research | Yes |

Current Membership in Medical Professional Organizations

| Membership |
|--|
| Triangle Association of Physician Assistants |

Honors & Awards

| Honor/Award | Given By | Date |
|---------------|----------|------|
| None Reported | | |

Public Service

| Name of Clinic | Service Description | Date |
|----------------|---------------------|------|
| None Reported | | |

Current Academic Appointments

| Title | Institution | City, State, Country |
|---------------|-------------|----------------------|
| None Reported | | |

Publications

| Title |
|---------------|
| None Reported |

Section 1: Adverse Actions

North Carolina Medical Board Public Actions

| Date | Description | Link |
|---------------|-------------|------|
| None Reported | | |

Other Regulatory Board or Agency Public Actions

| Date | Name of Board/Agency | Action Taken | Link |
|---------------|----------------------|--------------|------|
| None Reported | | | |

Health Care Institution Suspensions and Revocations

| Date | Health Care Institution | Action Taken |
|---------------|-------------------------|--------------|
| None Reported | | |

Section 2: Administrative Actions

Actions listed in this section are considered non-disciplinary by the Board. In situations where administrative actions are taken, the licensee may not have met certain statutory requirements or may have failed to follow correct administrative procedures.

North Carolina Medical Board Reentry Agreement

| Date | Description | Link |
|---------------|-------------|------|
| None Reported | | |

North Carolina Special Purpose Licensing Agreement

| Date | Description | Link |
|---------------|-------------|------|
| None Reported | | |

Malpractice Information

| Incident Date | Payment Date | Area of Practice | City, State, Country | Response |
|---------------|--------------|------------------|----------------------|----------|
| None Reported | | | | |

Misdemeanor/DUI/DWI Conviction Information

| Conviction Date | Conviction | Jurisdiction | Sentence |
|-----------------|------------|--------------|----------|
| None Reported | | | |

Felony Conviction Information

| Conviction Date | Conviction | Jurisdiction | Sentence |
|-----------------|------------|--------------|----------|
| None Reported | | | |