

**ABBREVIATED CURRICULUM VITAE**

Name: Lisa Marie Kastanek  
 Professional Title: RN, CCRC  
 Organization: Physician Research Collaboration, LLC  
 Address1: 3901 Pine Lake Road, Suite #120  
 Lincoln, NE 68516  
 Address2:  
 E-Mail: lisa.kastanek@prc.us.com

Main Daytime Phone: 402-420-1212 Option #4  
 Pager:  
 Mobile Phone:  
 24 Hour Phone:  
 Evening Phone:  
 Fax: 402-328-0971

**AFFILIATIONS**

Facility Name	Department Name	Facility/Department Address
Physician Research Collaboration, LLC	Clinical Research	3901 Pine Lake Road, Suite #120 Lincoln, NE 68516

**EDUCATION**

University/School/Program	Degree/Certificate	Specialty	Year Completed
University of Nebraska College of Nursing, Omaha, Nebraska	RN		1983

**PROFESSIONAL EXPERIENCE**

Job Title	Institution	Year Started	Year Completed
Managing Partner	Physician Research Collaboration, Lincoln, Nebraska	2006	
Independent Joint Assessor	Physician Research Collaboration, Lincoln, Nebraska	2006	
Research Administrator	Physician Research Collaboration, Lincoln, Nebraska	1994	

**LICENSE DETAILS**

Type of License	If Other, Type of License	License Issuer	Professional License Number	Country	State, Province or Region	Expiration Date
RN		Department of Health & Human Services	38777	USA	Nebraska	10-31-20

Name: Lisa Marie Kastanek  
 Professional Title: RN, CCRC  
 Organization: Physician Research Collaboration, LLC  
 Address1: 3901 Pine Lake Road, Suite #120  
 Lincoln, NE 68516  
 Address2:  
 E-Mail: lisa.kastanek@prc.us.com

Main Daytime Phone: 402-328-0971  
 Pager:  
 Mobile Phone:  
 24 Hour Phone:  
 Evening Phone:  
 Fax: 402-328-0971

**RESEARCH EXPERIENCE**

Study Type (Check all that apply):

- Academic
- Investigator-Initiated
- Other / Please Specify:

- Industry
- Government

Clinical Study Phases (Check all that apply):  I  II  III  IV

Therapeutic Areas of Expertise:

Therapeutic Area	Sub-Therapeutic Area
Rheumatology	
Internal Medicine	
Pediatric	
Vaccine	
Psychiatric	

Total Clinical Research Experience:

Therapeutic Area	Sub-Therapeutic Area	Number of completed studies	Number of ongoing studies
Rheumatology		307	30
Internal Medicine		25	
Pediatric		15	
Vaccine		15	
Psychiatric		1	

Good Clinical Practice (GCP) Training Details:

Training Provider	Title of Training	Version	Date Completed	Status
University of Miami CITI	GCP ICH course	N/A	3-12-18	Active

By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications:

Signature:

Date: 7-30-19