

CLINICAL LABORATORY PERMIT



pennsylvania
DEPARTMENT OF HEALTH

Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:

Laboratory Identification Number: 37040

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

**CLINICAL CHEMISTRY
HEMATOLOGY**

**MEDPACE REFERENCE LABORATORIES, LLC
TRACI TURNER, M.D.
5365 MEDPACE WAY
CINCINNATI, OH 45227**

Owner:

MEDPACE, INC

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
Secretary of Health**

DISPLAY THIS CERTIFICATE PROMINENTLY

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

MEDPACE REFERENCE LABORATORIES, LLC
TRACI TURNER, M.D.
5365 MEDPACE WAY
CINCINNATI, OH 45227