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

Name and Director of Laboratory:

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

Owner:

MEDPACE, INC

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027

AUTHORIZED CATEGORIES/TESTS:
CLINICAL CHEMISTRY
HEMATOLOGY

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