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Effective Date: **May 1, 2021**

Expires: **May 01, 2022**

**Thomas A. Cycyota, Facility Director**

**AlloSource**

**4444 Bryant & Stratton Way**

**Buffalo, NY 14221**

**Registration Number 2016**

***State of Illinois***  
***2021***  
***Sperm/Tissue Bank Registration***  
***AlloSource***

Dear Director:

We are in receipt of your **Registration** with the State of Illinois. We welcome your cooperation to observe our State laws and you may use this document as proof of registration as required by *Title 77 Public Health Chapter I: Department of Public Health Subchapter D: Laboratories and Blood Bank Part 470 Sperm Bank and Tissue Bank Code Section 470.30 Registration Requirements.*

Sincerely,



**Brandon Rakowski**

**Tissue & Sperm Bank**

**Program Administrator**

**Illinois Department of Public Health**

**Health Care Facilities and Programs**

**Laboratory Regulations**

*Annual registration deadline is May 1, and renewal reminders are e-mailed on February of each year.*

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