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Effective Date: **May 1, 2024**

Expires: May 01, **2025**

**Dean Elliott, Facility Director**  
**AlloSource**  
615 Elsinore Place, Suite 220  
Cincinnati, OH 45202

Registration Number **1916**

*State of Illinois*  
**2024**  
*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.*