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Effective Date: **02/19/2021**

Expires: May 01, **2022**

**Lauren Buckley, Facility Director**  
**CorneaGen - Boston**  
**300 Bear Hill Rd - 2nd flr**  
**Waltham, MA 02451**

**Registration Number 4116**

***State of Illinois***  
***2021***  
***Sperm/Tissue Bank Registration***  
***CorneaGen - Boston***

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.*