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Effective Date: **May 1, 2026**

Expires: **May 01, 2027**

**Shaun Martin, Facility Director**  
**Gift of Hope Organ and Tissue Donor**  
**Network**  
**425 Spring Lake Drive**  
**Itasca, IL 60143**

**Registration Number 0812**

*State of Illinois*  
2026  
*Sperm/Tissue Bank Registration*

**Gift of Hope Organ and Tissue Donor Network**

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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