



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

Effective Date: **May 1, 2026**

Expires: May 01, 2027

**Aron Bastuba, MD., Facility Director**  
**Family Fertility Cryobank**  
**6699 Alvarado Road, Suite 2208**  
**San Diego, CA 92120**

**Registration Number 0316**

*State of Illinois*

2026

*Sperm/Tissue Bank Registration*

# Family Fertility Cryobank

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.*