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Effective Date: **May 01, 2021**

Expires: **May 01, 2022**

**Tim Stevens, Facility Director**  
**LeMaitre Vascular Inc.**  
**912 Northwest Highway**  
**Fox River Grove, IL 60021**

**Registration Number 1213**

***State of Illinois***  
***2021***

***Sperm/Tissue Bank Registration***

**LeMaitre Vascular Inc.**

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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