



### TISSUE AND SPERM BANK REGISTRATION

Change(s):  None  Director  Facility Name  Address  Ownership  Other: \_\_\_\_\_

1) Director Name \_\_\_\_\_  
*(New lab directors or first time registration, please include a brief curriculum vitae and copy of academic degree)*

2) Facility Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

3) Facility Specialty(s):  Musculoskeletal  Skin  Reproductive  Sperm Bank  Tissue Bank  
 Other (cells, tissue, organs, etc.): \_\_\_\_\_

4) Name and address of entity operating the sperm or tissue bank, if different from above.  
Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone \_\_\_\_\_

5) If applicable, include a list of addresses and phone numbers utilized in operating the sperm or tissue bank.

6) Include a description of services provided (attach additional information if more space is required)

7) Is your sperm or tissue bank registered with the FDA?  Yes  No If not, explain

8) Accreditation information:  AATB  CAP  COLA  JCAHO  OTHER \_\_\_\_\_

9) Date of last on-site inspection \_\_\_\_\_

Is the facility in compliance?  Yes Include compliance letter/certificate.  No If not, explain

10) Are reproductive tissue (eggs, sperm/semens) and **other** human tissue tested for "relevant communicable diseases?"  
 Yes Explain  No Explain

11) Certification and Signature: Under penalty of perjury, I certify the information provided herein is correct.  
*I understand that misrepresentation will be cause for removal from the state of Illinois Sperm and Tissue Bank registration files, and subject to fines and other penalties allowed by the law.*

12) Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Facility Director)*