

EXHIBIT X

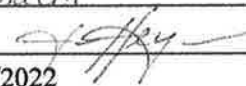
FORM A

OSC Use Only: Reporting Code: _____ Category Code: _____ Date Contract Approved: _____
--

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
--

State Agency Name: <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contractor Name: <u>Mayo Collaborative Services, LLC</u>	Contract Number: <u>C-506197</u>
Contract Start Date: <u>10/1/2022</u>	Contract End Date: <u>9/30/2027</u>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Medical and Clinical Laboratory Technologists (29-2011.00)	0.63	6508.8	\$7,888,420
Total this page	0.63	6508.8	\$7,888,420
Grand Total	0.63	6508.8	\$7,888,420

Name of person who prepared this report: John Heywood
 Title: Vice President Phone #: 507-266-5700
 Preparer's Signature: 
 Date Prepared: 9/23/2022