

**OSC Use Only:**  
 Reporting Code:  
 Category Code:  
 Date Contract Approved:

**FORM A**

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

State Agency Name: *Stony Brook University* Agency Code: *3320215*  
 Contractor Name: *Focus Pathology Medical Laboratory PLLC* Contract Number: *IFB#19/20-2917*  
 Contract Start Date: *8/17/2020* Contract End Date: *8/17/2023*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>29-1069.07</i>	<i>1</i>	<i>90</i>	<i>90,000</i>
<i>29-2011.03</i>	<i>3</i>	<i>4140</i>	<i>165,600</i>
<b>Total this page</b>	<i>4</i>	<i>4230</i>	<i>255,600</i>

Name of person who prepared this report: *Ekaterina Castano*  
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 Preparer's Signature: *E. Castano*  
 Date Prepared: *5/6/2020*  
 (Use additional pages, if necessary)