



CATLAB, LLC
19 Levesque Dr. #3
Eliot, ME 03903
207-200-9950
ME OCP: MTF368

Certificate of Analysis

Client Name	Curaleaf	License Number	DSP105
Address	5 Drapeau St Suit 101 Biddeford ME 04005	Phone	207-815-3020
Order ID	1739	Sample Type	Dried Flower
Sample ID	06448	Strain	F10 23H1 230210CRE
METRC Sample ID		Serving Mass (g)/ Package /	
Date Received	04/05/2023	Collected Sample Weight	
Date/Time of Collection	04/04/2023 02:00 PM	Collected By	
		Date Generated	04/18/2023

Summary of Results

Water Activity Profile

All Results	Pass
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Filth and Foreign Materials Screening

All Results	Pass
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Microbiological Screening

All Results	Fail
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Moisture Screening

All Results	Pass
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Heavy Metals Screening

All Results	Pass
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Pesticides Screening

All Results	Pass
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Potency Profile

Cannabinoid	Result mg/g
CBDV	< RL
THCV	0.185
CBDA	0.497
CBD	< RL
CBG	0.707
CBN	< RL
CBGA	3.08
CBC	< RL
exoTHC	< RL
Δ9-THC	9.90
Δ8THC	< RL
THCA	210
Total Cannabinoids %	22.4
Total CBD mg/g	0.436
Total THC mg/g	194
Total CBD %	0.0436
Total THC %	19.4

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Summary of Results

Terpenes Profile	
Terpene	Result %
α-Pinene	0.012
Camphene	< RL
β-Pinene	0.022
β-myrcene	0.12
δ3-carene	< RL
α-Terpinene	< RL
D-Limonene	0.12
p-Cymene	< RL
Eucalyptol	< RL
Ocimene	< RL
γ-Terpinene	< RL
Terpinolene	< RL
Linalool	0.076
Isopulegol	0.0096
Geraniol	< RL
β-Caryophyllene	0.55
α-Humulene	0.16
cis-Nerolidol	0.40
trans-Nerolidol	0.54
Guaiol	< RL
Caryophyllene Oxide	0.12
α-Bisabolol	0.18
Total Terpenes (%)	2.3

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Potency

Date Analyzed: 04/13/23
Instrument: UPLC CAT-0002/CAT-0151

Prep Date: 04/12/23
Method: SOP-QA-0016

Analyst: AC

Potency	Result %	Result (mg/g)	Result (mg/package)	RL (%)	RL (mg/g)
CBDV	< RL	< RL	N/A	0.0101	0.101
THCV	< RL	< RL	N/A	0.0101	0.101
CBDA	0.0497	0.497	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0707	0.707	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.308	3.08	N/A	0.0101	0.101
CBC	< RL	< RL	N/A	0.0101	0.101
exoTHC	< RL	< RL	N/A	0.0101	0.101
Δ9-THC	0.990	9.90	N/A	0.0101	0.101
Δ8THC	< RL	< RL	N/A	0.0101	0.101
THCA	21.0	210	N/A	0.0101	0.101

Note: Results reported based on dry weight as per licensee request. CRM failure for THC > 120%. Flag required.

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Pesticides

Date Analyzed: 4/18/23
Instrument: CAT-0162

Prep Date: 4/13/23
Method: SOP QA-0040

Analyst: LCH

Analyte	Finding (PPB)	LOQ (PPB)	Limit (PPB)	Pass/Fail	Analyte	Finding (PPB)	LOQ (PPB)	Limit (PPB)	Pass/Fail
Abamectin	< RL	403	500	Pass	Etofenprox	< RL	78.1	400	Pass
Acephate	< RL	55.6	400	Pass	Etoxazole	< RL	61.2	200	Pass
Acequinocyl	< RL	1150	2000	Pass	Fenoxycarb	< RL	89.9	200	Pass
Acetamiprid	< RL	31.2	200	Pass	Fenpyroximate	< RL	83.1	400	Pass
Aldicarb	< RL	31.2	400	Pass	Fipronil	< RL	112	400	Pass
Azoxystrobin	< RL	33.2	200	Pass	Flonicamid	< RL	31.2	1000	Pass
Bifenazate	< RL	31.2	200	Pass	Fludioxonil	< RL	62.5	400	Pass
Bifenthrin	< RL	96.5	200	Pass	Hexythiazox	< RL	54.3	1000	Pass
Boscalid	< RL	42.9	400	Pass	Imazalil	< RL	87.3	200	Pass
Carbaryl	< RL	37.0	200	Pass	Imidacloprid	< RL	39.8	400	Pass
Carbofuran	< RL	31.2	200	Pass	Kresoxim-methyl	< RL	53.6	400	Pass
Chlorantraniliprole	< RL	92.2	200	Pass	Malathion	< RL	66.0	200	Pass
Chlorfenapyr	< RL	919	1000	Pass	Metalaxyl	< RL	56.4	200	Pass
Chlorpyrifos	< RL	74.5	200	Pass	Methiocarb	< RL	31.2	200	Pass
Clofentezine	< RL	56.7	200	Pass	Methomyl	< RL	31.2	400	Pass
Cyfluthrin	< RL	798	1000	Pass	Methyl parathion	< RL	193	200	Pass
Cypermethrin	< RL	196	1000	Pass	MGK-264 ²	< RL	70.2	200	Pass
Daminozide	< RL	329	1000	Pass	Myclobutanil	< RL	37.3	200	Pass
DDVP (Dichlorvos)	< RL	31.2	1000	Pass	Naled	< RL	42.2	500	Pass
Diazinon	< RL	55.3	200	Pass	Oxamyl	< RL	31.2	1000	Pass
Dimethoate	< RL	39.9	200	Pass	Paclobutrazol	< RL	52.5	400	Pass
Ethoprophos	< RL	33.9	200	Pass					

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Pesticides

Date Analyzed: 4/18/23
Instrument: CAT-0162

Prep Date: 4/13/23
Method: SOP QA-0040

Analyst: LCH

Analyte	Finding (PPB)	LOQ (PPB)	Limit (PPB)	Pass/Fail
Permethrin ³	< RL	199	200	Pass
Phosmet	< RL	55.8	200	Pass
Piperonyl butoxide	< RL	59.0	2000	Pass
Prallethrin	< RL	103	200	Pass
Propiconazole	< RL	59.5	400	Pass
Propoxur	< RL	31.2	200	Pass
Pyrethrins ¹	< RL	248	1000	Pass
Pyridaben	< RL	59.8	200	Pass
Spinosad ⁴	< RL	62.4	200	Pass
Spiromesifen	< RL	62.5	200	Pass
Spirotetramat	< RL	37.5	200	Pass
Spiroxamine	< RL	37.9	400	Pass
tebuconazole	< RL	69.2	400	Pass
Thiacloprid	< RL	31.2	200	Pass
Thiamethoxam	< RL	62.6	200	Pass
Trifloxystrobin	< RL	59.3	200	Pass

Disclaimer:

1. Pyrethrin is measured as cumulative residues of Pyrethrin, Cinerin, and Jasmolin (CAS # 8003-34-7).
2. MGK-264 is measured as cumulative residue of MGK-264 A and MGK-264 B (CAS # 113-48-4).
3. Permethrin is measured as cumulative residue of cis- and trans- permethrin isomers. (CAS # 54774-45-7 and 51877-74-8, respectively).
4. Spinosad is a measured as cumulative residue of Spinosad A and Spinosad D (CAS # 168316-95-8 and 131929-60-7, respectively).

QC samples outside criteria for the following analytes: Acequinocyl, methomyl, aldicarb, methyl parathion, paclobutrazol, propiconazole, and trifloxystrobin in CCVs Fenoxycarb, naled, and spiromesifen in LCS Bifenazate, chlorpyrifos, fipronil, methyl parathion, naled, pyridaben, spiromesifen, spiroxamine, and trifloxystrobin in spiked matrix sample

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Heavy Metals

Date Analyzed: 4/12/23
Instrument: CAT-0093

Prep Date: 4/7/23
Method: SOP-QA-0030

Analyst: ITG

Metals	Result (ug/kg)	RL (ug/kg)	Action Level (ug/kg)	Pass/Fail
Arsenic	< RL	84.7	200	Pass
Cadmium	< RL	55.9	200	Pass
Lead	< RL	24.7	500	Pass
Mercury	< RL	4.89	100	Pass

Microbial Analysis

Prep Date Bacteria: 4/10/23
Date Analyzed Bacteria: 4/11/23
Instrument: CAT-0140, CAT-0152

Prep Date Ecoli/SLM: 4/10/23
Date Analyzed Ecoli/SLM: 4/11/23
Method: SOP-QA-0028, SOP-QA-0038

Prep Date Yeast and Mold: 4/10/23
Date Analyzed Yeast and Mold: 4/13/23
Analyst: KW

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	< RL	100	100,000	Pass
Total Yeast/Mold	11000	100	10,000	Fail
Total Enterobacter	< RL	100	1,000	Pass
Total Coliform	< RL	100	1,000	Pass
Escherichia Coli (E. Coli)	< RL	1	1	Pass
Salmonella spp	< RL	1	1	Pass

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Filth and Foreign Materials

Date Analyzed: 4/14/23
Instrument: Visual Inspection

Prep Date: 4/14/23
Method: SOP-QA-0018

Analyst: ITG/JG

Analyte	Result	Action Level	Pass/Fail
Sand, Soil, Cinders, Dirt, and Mold (%)	0	25	Pass
Embedded Foreign Material (%)	0	25	Pass
Insect Fragment	0	1	Pass
Hair	0	1	Pass
Mammalian Excreta	0	1	Pass

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Water Activity

Date Analyzed: 04/12/23
Instrument: Rotronic CAT-0020

Prep Date: 04/12/23
Method: SOP-QA-0012

Analyst: JG/IG

Analyte	Finding (Aw)	RL (Aw)	Action Level (Aw)	Pass/Fail
Water Activity	0.45	0.11	0.65	Pass

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Terpenes

Date Analyzed: 4/13/23
Instrument: CAT-0114

Prep Date: 4/12/23
Method: SOP QA-0032

Analyst: RW

Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.012	0.0050
Camphene	< RL	0.0050
β-Pinene	0.022	0.0050
β-myrcene	0.12	0.0050
δ3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.12	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	< RL	0.0050
Ocimene	< RL	0.0050
γ-Terpinene	< RL	0.0050
Terpinolene	< RL	0.0050
Linalool	0.076	0.0050
Isopulegol	0.0096	0.0050
Geraniol	< RL	0.025
β-Caryophyllene	0.55	0.0050
α-Humulene	0.16	0.0050
cis-Nerolidol	0.40	0.0054
trans-Nerolidol	0.54	0.0029
Guaiol	< RL	0.0050
Caryophyllene Oxide	0.12	0.0050
α-Bisabolol	0.18	0.0050

QC failure for some analytes of interest.

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Moisture Content

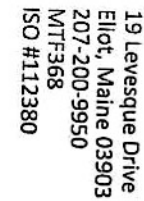
Date Analyzed: 04/10/23
Instrument: Satorius CAT-0036

Prep Date: 04/10/23
Method: SOP-QA-0019

Analyst: JG/DPR

Analyte	Finding (%)	RL (%)
Moisture Content	< RL	6.0

Deisy Peña-Romero Lab Director



Order

Page 1 of 1

Adult Use: _____ R&D: _____ Medical: X

Analyses Requested

same

DSP105 (Medical)
Cultivator or Wife License or Reg Number: ACD863 (Adult License)

DSP105 (Medical)

Address: 5 Drapeau St. Suite 101
City, State: Biddeford, ME 04005
Zip Code: 207.815.3020 x4157
Phone:

[illegible]

Please calculate dry weight pottery.

****For edibles, tinctures, and capsules please include serving size and servings per package information**

Samples collected by (print): Thomas Begin, RIC16839

Received in field by (print):	<i>[Signature]</i>	Date:	4/5/83
Signature:	<i>[Signature]</i>	Time:	1:05
Received at Lab by (print):		Date:	
Signature:			

Order 1739

Sample Number (lab use only)	Sample ID (as on container)	Sample Type	Date Collected	Time Collected	Sample Size	Analyses Requested
		Flower				All items marked 'X' on CoC Record. For X*: Please calc 'dry weight potency'
6439	F16 23H2 230316BDC	Flower	4/4/23	2:00	11.5 G	Same
6440	F9 22H2 221209KOS	Flower	4/4/23	2:00	11.2 G	Same
6441	F11 23H1 230211BBY	Flower	4/4/23	2:00	11.3 G	Same
6442	F9 23H1 230209CRE	Flower	4/4/23	2:00	11.2 G	Same
6443	F11 23H1 230211TOG	Flower	4/4/23	2:00	11.0 G	Same
6444	F16 23H1 230116KMN	Flower	4/4/23	2:00	11.3 G	Same
6445	F9 23H1 230209PNT	Flower	4/4/23	2:00	11.8 G	Same
6446	F12 23H1 230112KOS	Flower	4/4/23	2:00	11.3 G	Same
6447	F14 23H1 230214KOS	Flower	4/4/23	2:00	11.4 G	Same
6448	F10 23H1 230210CRE	Flower	4/4/23	2:00	12.0 G	Same
6449	F11 23H1 230211BOG	Flower	4/4/23	2:00	11.5 G	Same
6450	F14 22H3 221214RST	Flower	4/4/23	2:00	11.4 G	Same
6451	F14 23H1 230214CRE	Flower	4/4/23	2:00	11.3 G	Same
6452	F17 22H3 221217CRE	Flower	4/4/23	2:00	11.4 G	Same
6453	F12 23H1 230102CRE	Flower	4/4/23	2:00	11.3 G	Same
6454	F15 23H1 230215CRE	Flower	4/4/23	2:00	11.3 G	Same
6455	F9 22H2 221209MBZ	Flower	4/4/23	2:00	11.2 G	Same
6456	F16 23H2 230316MBZ	Flower	4/4/23	2:00	11.1 G	Same

Sample Receipt Condition Report

CATLAB, LLC

Order ID: 1739

Samples Received Via: ☒ CATLAB Sampler/Courier ☐ Licensee ☐ Certified Sampler

Custody Seals Present and Intact on Transport Container: ☒ Yes ☐ No ☐ N/A Comments: _____

Custody Seals Present and Intact on Sample Containers: ☐ Yes ☐ No ☐ N/A Comments: _____

Type of submittal: ☒ Medical ☐ Adult Use ☐ Other Comments: _____

Receipt Temp: _____ Humidity: _____ If needed, ice present? Y / N Ambient: ☒

Samples Received			
	# of Samples	# of Containers	Notes:
Flower	<u>18</u>	<u>18</u>	
Trim			
Pre-Roll			
Infused Pre-Roll			
Retail Units			
Concentrate			
Infused Edibles			
Solid Batch			
Liquid Batch			

Proper Sample Containers/Enough Sample?	<u>Y</u> / N / NA	Comments:
Analysis Marked on COC Match Bottles Rec'd?	<u>Y</u> / N / NA	Comments:
Date/Time/ID on Samples Match COC?	<u>Y</u> / N / NA	Comments:
Rushes Communicates to analyst in writing?	Y / N / <u>NA</u>	Comments:
Sample tampered, manipulated, adulterated or contaminated?	Y / <u>N</u> / NA	Comments:
AUMP Sample size by Batch Size OK?	Y / N / <u>NA</u>	Comments:
Samples collected in the manner required by OMP?	Y / N / <u>NA</u>	Comments:
Transport Manifest Received?	Y / N / <u>NA</u>	Comments:
Samples Received in Metrc?	Y / N / <u>NA</u>	Comments:

Initials/Date: JS 6/16/23

Notes/Comments: * Report Potency on a dry Weight Bases *

Reviewer's Checklist

- ☒ Client ID/Contact
- ☒ Reporting Instructions
- ☒ Rushes Communicated
- ☒ Temp, Condition OK
- ☒ Sample ID/Date/Time
- ☒ Matrix
- ☒ TAT Correct
- ☒ Correct Analyses

If Adult Use:

- ☐ Logged in Metrc
- ☐ Transfer Manifest

If CATLAB Samples:

- ☐ Sampling Form
- ☐ Attestation Form

Initials: LG Date: 4-6-23



OFFICE OF MARIJUANA POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Medical Use of Marijuana Program Trip Ticket

The following information is required as proof of authorized conduct anytime a registered caregiver, registered dispensary, marijuana testing facility, or manufacturing facility transports marijuana or marijuana products for medical use. This form must accompany the marijuana or marijuana products.

Pursuant to 22 M.R.S. §2430-G, a registered caregiver, a registered dispensary, a marijuana testing facility, and a manufacturing facility shall keep a record of transfers of marijuana and marijuana products. All books and records maintained by the registered caregiver, registered dispensary, marijuana testing facility, or manufacturing facility must be kept for a period of seven years.

A registered caregiver, registered dispensary, marijuana testing facility, or manufacturing facility transporting marijuana or marijuana products must carry three copies of this Trip Ticket during the transportation of marijuana or marijuana product to another registrant or separate registered location. One copy must be provided to the receiving registrant. One copy must be kept by the transferring registrant for record keeping purposes. A final copy must be provided to law enforcement, if requested. For patient delivery, two copies are required. One copy must be kept by the transferring registrant for record keeping and a second copy must be provided to law enforcement, if requested.

SECTION 1: Transferring Registrant

This section must be completed by the transferring registrant.

Legal Name

Guy Sylvester

Registry Identification Card Number

IIC834

Legal Name of Registration Certificate Holder, if applicable

CatLab, LLC

Registration Certificate Number, if applicable

MTF368

SECTION 2: Receiving Patient or Registrant

This section must be completed anytime marijuana or marijuana products for medical use are transported, including patient delivery and when a registered caregiver, registered dispensary, marijuana testing facility, or manufacturing facility is transporting marijuana or marijuana products from one of its registered locations to a different registered location.

This section must be completed by the transferring registrant.

Patient Identification Number/Medical Certification Number (DO NOT LIST NAME)

OR

Legal Name

CatLab, LLC

Registration Identification Card Number

MTF368

Legal Name of Registration Certificate Holder, if applicable

Registration Certificate Number, if applicable

SECTION 3: Description of Marijuana or Marijuana Products Transported

For each item transported, provide the amount (weight or units), product type (flower, wax, cartridges, etc.), and strain or other further identifying information of the marijuana or marijuana products.

This section must be completed by the transferring registrant.

Please see attached