



Collection

# **Certificate of Analysis**

Client Name Curaleaf License Number DSP105

Address 5 Drapeau St Suit Phone 207-815-3020

101 Sample Type Dried Flower Biddeford ME 04005

Order ID 1776 Strain F16 23H2 230316NOV

Sample ID 06563 Serving Mass (g)/

METRC Sample ID Package

Date Received 04/12/2023 Collected Sample Weight 11.8g

Date/Time of O4/11/2023 08:10 AM Collected By Thomas Begin

**Date Generated** 04/19/2023

#### **Summary of Results**

Water Activity	Profile				
All Results Pass					

Filth and Foreign Mat	erials Screening
All Results	Pass

Microbiological Screening				
All Results	Pass			

Moisture Screening					
All Results	Pass				

Heavy Metals Screening				
All Results	Pass			

Pesticides Screening				
All Results	Pass			

Potency Profile					
Cannabinoid	Result mg/g				
CBDV	< RL				
THCV	< RL				
CBDA	0.991				
CBD	< RL				
CBG	0.863				
CBN	< RL				
CBGA	5.88				
CBC	0.147				
exoTHC	< RL				
Δ9-THC	7.36				
Δ8ΤΗC	< RL				
THCA	266				
Total Cannabinoids %	28.1				
Total CBD mg/g	0.869				
Total THC mg/g	240				
Total CBD %	0.0869				
Total THC %	24.0				

#### **Summary of Results**

Terpenes Profile				
<u>Terpene</u>	Result %			
α-Pinene	0.053			
Camphene	0.011			
β-Pinene	0.061			
β-myrcene	0.32			
$\delta$ 3-carene	< RL			
α-Terpinene	< RL			
D-Limonene	0.40			
p-Cymene	< RL			
Eucalyptol	< RL			
Ocimene	0.11			
y-Terpinene	< RL			
Terpinolene	0.0083			
Linalool	0.060			
Isopulegol	0.010			
Geraniol	< RL			
β-Caryophyllene	0.40			
α-Humulene	0.18			
cis-Nerolidol	0.39			
trans-Nerolidol	0.55			
Guaiol	0.021			
Caryophyllene Oxide	0.19			
α-Bisabolol	0.24			
Total Terpenes (%)	3.0			





# **Certificate of Analysis**

**Client Name** 

**Address** 

5 Drapeau St Suit 101

Biddeford ME 04005

Curaleaf

**Order ID** 

Sample ID

**METRC Sample ID** 

Date/Time of

Collection

**Date Received** 

1776

06563

04/12/2023

04/11/2023 08:10 AM

License Number **DSP105** 

**Phone** 207-815-3020

**Sample Type Dried Flower** 

F16 23H2 Strain 230316NOV

Serving Mass (g)/

**Package** 

**Collected Sample Weight** 11.8g

**Collected By** Thomas Begin

**Date Generated** 04/19/2023

#### **Potency**

Date Analyzed: 4/19/23 Prep Date: 4/18/23

Instrument: UPLC CAT-0002/CAT-0151 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	0.0991	0.991	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0863	0.863	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.588	5.88	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-ΤΗС	0.736	7.36	N/A	0.0101	0.101
Δ8ΤΗC	< RL	< RL	N/A	0.0101	0.101
THCA	26.6	266	N/A	0.0101	0.101

CRM failure, THC >120% recovery.



**DSP105** 

207-815-3020

**Dried Flower** 

F16 23H2



# **Certificate of Analysis**

Strain

Client Name
Curaleaf
Address
5 Drapeau St Suit
Phone

5 Drapeau St Suit 101 Sample Type

Biddeford ME 04005

 Order ID
 1776
 Strain
 230316NOV

 Sample ID
 06563
 Serving Mass (g)/
 /

METRC Sample ID

O0303

Package

Date Received 04/12/2023 Collected Sample Weight 11.8g

Date/Time of O4/11/2023 08:10 AM Collected By Thomas Begin

Collection Date Generated 04/19/2023

#### **Terpenes**

Date Analyzed: 4/19/23 Prep Date: 4/18/23 Instrument: CAT-0114 Method: SOP QA-0032 Analyst: RW

Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.053	0.0050
Camphene	0.011	0.0050
β-Pinene	0.061	0.0050
β-myrcene	0.32	0.0050
$\delta$ 3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.40	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	< RL	0.0050
Ocimene	0.11	0.0050
y-Terpinene	< RL	0.0050
Terpinolene	0.0083	0.0050
Linalool	0.060	0.0050
Isopulegol	0.010	0.0050
Geraniol	< RL	0.025
β-Caryophyllene	0.40	0.0050
α-Humulene	0.18	0.0050
cis-Nerolidol	0.39	0.0054
trans-Nerolidol	0.55	0.0029
Guaiol	0.021	0.0050
Caryophyllene Oxide	0.19	0.0050
α-Bisabolol	0.24	0.0050

QC failure for some analytes of interest.



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

# **Certificate of Analysis**

**Client Name Address** 

5 Drapeau St Suit

**Order ID** Sample ID **METRC Sample ID** 

**Date Received** 

Date/Time of Collection

Curaleaf

101 Biddeford ME 04005

1776 06563

04/12/2023

04/11/2023 08:10 AM

**License Number DSP105** 

**Phone** 207-815-3020

Sample Type **Dried Flower** 

F16 23H2 Strain 230316NOV

Serving Mass (g)/

**Package** 

**Collected Sample Weight** 11.8g

**Collected By** Thomas Begin **Date Generated** 04/19/2023

Analyst: LCH

#### **Pesticides**

Date Analyzed: 4/19/23 **Prep Date:** 4/18/23 Instrument: CAT-0162 Method: SOP QA-0040

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 <sup>2</sup>	< 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					



19 Levesque Dr. #3 Eliot. ME 03903 207-200-9950

ME OCP: MTF368

# **Certificate of Analysis**

**License Number DSP105 Client Name** Curaleaf

**Phone** 207-815-3020 **Address** 5 Drapeau St Suit

> 101 Sample Type **Dried Flower** Biddeford ME 04005

F16 23H2 Strain 1776 **Order ID** 230316NOV

Serving Mass (g)/ Sample ID 06563

**Package METRC Sample ID** 

**Collected Sample Weight** 11.8g **Date Received** 04/12/2023

**Collected By** Thomas Begin Date/Time of 04/11/2023 08:10 AM Collection 04/19/2023 **Date Generated** 

#### **Pesticides**

Date Analyzed: 4/19/23 **Prep Date:** 4/18/23 Instrument: CAT-0162 Method: SOP OA-0040 Analyst: LCH

Analyte	Finding (PPB)	LOQ (PPB)	Limit (PPB)	Pass/Fail
Permethrin <sup>3</sup>	< 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 <sup>1</sup>	< RL	248	1000	Pass
Pyridaben	< RL	59.8	200	Pass
Spinosad <sup>4</sup>	< 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:

- Pyrethrin is measured as cumulative residues of Pyrethrin, Cinerin, and Jasmolin (CAS # 8003-34-7).
   MGK-264 is measured as cumulative residue of MGK-264 A and MGK-264 B (CAS # 113-48-4).
   Permethrin is measured as cumulative residue of cis- and trans- permethrin isomers. (CAS # 54774-45-7 and 51877-74-8, respectively).
   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 and pyrethrin I high bias in a CCV Acequinocyl, pyrethrin I, spiromesifen high bias in LCS Acequinocyl, bifenazate, daminozide, fipronil, hexythiazox, prallethrin, pyridaben, and spiromesifen in spiked matrix sample





Client Name Curaleaf License Number DSP105

Address 5 Drapeau St Suit Phone 207-815-3020

101 Sample Type Dried Flower
Biddeford ME 04005 F16 23H2

 Order ID
 1776
 Strain
 F10 23H2

 230316NOV

Sample ID 06563 Serving Mass (g)/
METRC Sample ID Package

Date Received 04/12/2023 Collected Sample Weight 11.8g

Date/Time of O4/11/2023 08:10 AM Collected By Thomas Begin

**Collection** 04/11/2023 08:10 AM **Date Generated** 04/19/2023

#### **Heavy Metals**

Date Analyzed: 4/19/23Prep Date: 4/18/23Instrument: CAT-0093Method: SOP-QA-0030Analyst: 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: 04/14/23 Prep Date Ecoli/SLM: 04/14/23 Prep Date Yeast and Mold: 04/14/23 Date Analyzed Bacteria: 04/15/23 Date Analyzed Ecoli/SLM: 4/18/23 Date Analyzed Yeast and Mold: 4/17/23 Date Analyzed Yeast and Mold: 4/17/23 Date Analyzed Yeast and Mold: 4/17/23 Analyst: ITG

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	< RL	100	100,000	Pass
Total Yeast/Mold	< RL	100	10,000	Pass
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



19 Levesque Dr. #3 Eliot, ME 03903 207-200-9950

ME OCP: MTF368

# **Certificate of Analysis**

**License Number DSP105 Client Name** Curaleaf **Phone** 207-815-3020 **Address** 

5 Drapeau St Suit 101 Sample Type **Dried Flower** 

Biddeford ME 04005 F16 23H2 Strain 1776 **Order ID** 230316NOV

Serving Mass (g)/ Sample ID 06563 **Package** 

**METRC Sample ID Collected Sample Weight** 11.8g **Date Received** 04/12/2023

**Collected By** Thomas Begin Date/Time of 04/11/2023 08:10 AM

Collection **Date Generated** 04/19/2023

#### **Filth and Foreign Materials**

Date Analyzed: 04/18/23 Prep Date: 04/18/23 **Instrument:** Visual Inspection Method: SOP-QA-0018 Analyst: |G/IG

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



19 Levesque Dr. #3 Eliot, ME 03903 207-200-9950

Analyst: JG/IG

ME OCP: MTF368

# **Certificate of Analysis**

**License Number DSP105 Client Name** Curaleaf **Phone** 207-815-3020 **Address** 5 Drapeau St Suit 101 Sample Type **Dried Flower Biddeford ME 04005** F16 23H2 Strain **Order ID** 1776 230316NOV Serving Mass (g)/ Sample ID 06563 **Package METRC Sample ID Collected Sample Weight** 11.8g **Date Received** 04/12/2023 **Collected By** Thomas Begin Date/Time of 04/11/2023 08:10 AM Collection **Date Generated** 04/19/2023

#### **Water Activity**

**Date Analyzed: 04/18/23** Prep Date: 04/18/23 Instrument: Rotronic CAT-0020 Method: SOP-QA-0012

**Analyte** Finding (Aw) RL (Aw) Action Level (Aw) Pass/Fail Water Activity 0.4027 0.11 0.65 **Pass** 

#### **Moisture Content**

Date Analyzed: 04/17/23 Prep Date: 04/17/23

Instrument: Satorius CAT-0036 Method: SOP-QA-0019 Analyst: JG/IG

Analyte	Finding (%)	RL (%)
Moisture Content	9.6	6.0

Deisy Peña-Romero Lab Director



19 Levesque D Eliot, Maine 03 207-200-9950 MTF368 ISO #112380

# CATLAB, LLC CHAIN OF CUSTODY RECORD

Page 1 of 1

C+ C+ 101   Billing Address (if different):	New Customer Info	Email Address {fc	Cultivator or Mfg	Drive Report To: Ca
different):	New Customer Information amanda.leach@curaleaf.com	Email Address (for results): Cathryn.kloetzli@curaleaf.com	Cultivator or Mfg Name: Curaleaf	Report To: Cathryn Kloetzli, Chris Illes, Amanda Leach
	A	Pe	Adult Use:	

Analyses Requested	rmation amanda.leach@curaleaf.com
	Christopher mesi@chranear.com
Personal/Other:	or results): cathryn.kloetzli@curaleaf.com
Adult Use: R&D: Medical: X	Name: Curaleaf
Submital Type	athryn Kloetzli, Chris Illes, Amanda Leach

	Add	Zip (	Ph	Sample (lab us	s e	65							
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	5 Drapeau St. Suite 101	207.815.3020 x4157		Sample Identification (as found on container)	attach	F16 231-12 231480 F							
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Comments, special Instructions, or temperature requirements:

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	Signature: 1 2 20 Date: 4-11-23	Samples collected by (print): Thomas Begin, RIC16839	***Potency analysis tests Δ-9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, Δ-8-THC	**For edibles, tinctures, and capsules please include serving size and servings per package information
	Signature:	Received at Lab by (print):	Signature:	Received in field by (print):
ر م	Maria lewi	Se Geddis		
QSD-0058 REV10 CJ 102122	Time: 1:30,74	Date: 6//2/2	Time:	Date:

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'
1563	F16 23H2 230316NOV	Flower	4/11/23	8:10	11.8 g	Same
						Same
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# 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.

This section must be completed by the transferring registrant.  Legal Name  Ron Harrison	Registry Identification Card Number RIC16474
Legal Name of Registration Certificate Holder, if applicable Maine Organic Therapy SECTION 2: Receiving Patient or Regist	Registration Certificate Number, if applicable DSP105
one of its registered locations to a different registered location.	
Patient Identification Number/Medical Certification Number (DO N	OT LIST NAME)
Patient Identification Number/Medical Certification Number (DO N	OT LIST NAME)  OR
Patient Identification Number/Medical Certification Number (DO N	
This section must be completed by the transferring registrant.  Patient Identification Number/Medical Certification Number (DO N  Legal Name  CatLab, LLC  Legal Name of Registration Certificate Holder, if applicable	OR  Registration Identification Card Number

CATLAR

Start Date 4-12-2	egistrant.  Start Time	7:10	
Departure Address (Physical)  5 Drapeau St	City Biddeford	State ME	21P 04005
SECTION 5: Destination Information Figure 1: This section must be completed by the transferring	mation registrant.		
Destination Address (Physical) 19 Levesque Drive	City	State ME	03903
SECTION 6: Receiving Registr	eation Signature and Ackr	iowieagmeni	OT RECEIDI
This form is incomplete without a signature by the required.	ecciving registrant listed in Section 2. If the	person listed in Sectio	n 2 is a patient, no signatu
This form is incomplete without a signature by the required.  This section must be completed by the receiving reg Printed Name of Receiving Registrant	istrant. mail Address	Phone Numbe	n 2 is a patient, no signatu
This form is incomplete without a signature by the required.  This section must be completed by the receiving reg	ecciving registrant listed in Section 2. If the istrant.	Phone Numbe	r

Sample Receipt Condition Report CATLAB, LLC Order ID: ///6 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 Trim Pre-Roll Infused Pre-Roll **Retail Units** Concentrate Infused Edibles Solid Batch Liquid Batch Proper Sample Containers/Enough Sample? (V) N / NA Comments: Analysis Marked on COC Match Bottles Rec'v? W/ N / NA Comments: Date/Time/ID on Samples Match COC? (Y) / N / NA | Comments: Rushes Communicates to analyst in writing? Y / N /NA Comments: Sample tampered, manipulated, adulterated or contaminated? Y / NA Comments: AUMP Sample size by Batch Size OK? Y / N / ÍNÀ | Comments: Samples collected in the manner required by OMP? Y/N/NA Comments: Transport Manifest Received? Y / N / NA | Comments: Samples Received in Metrc? Y / N / NA | Comments: Initials/Date: Notes/Comments: Please Cakulate day Lexist Potency Reviewer's Checklist ★ Client ID/Contact If Adult Use: ★ Reporting Instructions \_\_ Logged in Metro Rushes Communicated \_\_ Transfer Manifest ★ Temp, Condition OK If CATLAB Samples: Sample ID/Date/Time

Initials: 16 Date: 4-13-63

▲ Matrix

➤ TAT Correct

Correct Analyses

\_\_ Sampling Form

\_\_Attestation Form