

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



Client Name Curaleaf License Number DSP105

Address 5 Drapeau St Suit 101 Phone 207-815-3020 Biddeford ME 04005 Sample Type Dried Flower

Biddeford ME 04005 Sample Type Dried Flower

Order ID 1819 Strain F7 23H2 230307MBZ

Sample ID 06697 Serving Mass (g)/ Package /

METRC Sample ID Collected Sample Weight 11.2g

Date Received 04/20/2023 Collected By Thomas Begin

Date/Time of Collection 04/19/2023 09:30 AM Date Generated 04/27/2023

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	0.486				
CBD	< RL				
CBG	0.795				
CBN	< RL				
CBGA	3.65				
CBC	< RL				
exoTHC	< RL				
Δ9-THC	4.34				
Δ8ΤΗC	< RL				
THCA	228				
Total Cannabinoids %	23.7				
Total CBD mg/g	0.427				
Total THC mg/g	204				
Total CBD %	0.0427				
Total THC %	20.4				

Summary of Results

Terpenes Profile					
Terpene	Result %				
α-Pinene	0.049				
Camphene	0.0076				
β-Pinene	0.051				
β-myrcene	0.19				
δ 3-carene	< RL				
α-Terpinene	< RL				
D-Limonene	0.24				
p-Cymene	< RL				
Eucalyptol	< RL				
Ocimene	0.032				
y-Terpinene	< RL				
Terpinolene	< RL				
Linalool	0.13				
Isopulegol	0.0090				
Geraniol	< RL				
β-Caryophyllene	0.40				
α-Humulene	0.10				
cis-Nerolidol	0.29				
trans-Nerolidol	0.35				
Guaiol	0.026				
Caryophyllene Oxide	0.15				
α-Bisabolol	0.18				
Total Terpenes (%)	2.2				



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



Certificate of Analysis

Client Name Curaleaf

Address 5 Drapeau St Suit 101

06697

Biddeford ME 04005

Order ID 1819

Sample ID METRC Sample ID

Date Received 04/20/2023

Date/Time of Collection 04/19/2023 09:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type Dried Flower
Strain F7 23H2 230307MBZ

Serving Mass (g)/ Package /

Collected Sample Weight 11.2g

Collected By Thomas Begin

Date Generated 04/27/2023

Analyst: AC

Potency

 Date Analyzed: 04/26/23
 Prep Date: 04/25/23

 Instrument: UPLC CAT-0002/CAT-0151
 Method: SOP-QA-0016

Potency Result % Result (mg/g) Result (mg/package) **RL** (%) RL (mq/q)**CBDV** < RL < RL N/A 0.0101 0.101 THCV < RL < RL N/A 0.0101 0.101 **CBDA** 0.0486 0.486 N/A 0.0101 0.101 CBD < RL < RL N/A 0.0101 0.101 CBG 0.0795 0.795 N/A 0.0101 0.101 CBN < RL < RL 0.0101 0.101 N/A **CBGA** 0.101 0.365 3.65 N/A 0.0101 CBC < RL < RL N/A 0.0101 0.101 exoTHC 0.101 < RI < RL N/A 0.0101 Δ9-ΤΗС 0.434 4.34 N/A 0.0101 0.101 Δ8ΤΗС < RL < RL N/A 0.0101 0.101 228 0.101 THCA 22.8 N/A 0.0101

CRM failure for THC > 120%. Flag required.



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

ME OCP: MTF368



Certificate of Analysis

Client Name Curaleaf

Address 5 Drapeau St Suit 101

Biddeford ME 04005

Order ID 1819

Sample ID 06697

METRC Sample ID

Date Received 04/20/2023

Date/Time of Collection 04/19/2023 09:30 AM

License Number **DSP105**

Phone 207-815-3020

Sample Type **Dried Flower**

F7 23H2 230307MBZ Strain

Analyst: RW

Serving Mass (g)/ Package /

Collected Sample Weight 11.2g

Collected By Thomas Begin

Date Generated 04/27/2023

Terpenes

Date Analyzed: 4/26/23 Prep Date: 4/25/23 Instrument: CAT-0114 Method: SOP QA-0032

Terpenes Result (% weight) RL (% weight) 0.049 0.0050 α-Pinene Camphene 0.0076 0.0050 β-Pinene 0.051 0.0050 0.19 0.0050 β-myrcene < RL 0.0050 δ 3-carene < RL 0.0050 α-Terpinene D-Limonene 0.24 0.0050 < RL 0.0050 p-Cymene < RL Eucalyptol 0.0050 Ocimene 0.032 0.0050 y-Terpinene < RL 0.0050 Terpinolene < RL 0.0050 Linalool 0.13 0.0050 Isopulegol 0.0090 0.0050 Geraniol < RL 0.025 **β-Caryophyllene** 0.40 0.0050 α-Humulene 0.10 0.0050 cis-Nerolidol 0.29 0.0054 trans-Nerolidol 0.35 0.0029 0.026 Guaiol 0.0050 Caryophyllene Oxide 0.15 0.0050 α-Bisabolol 0.18 0.0050

QC failure for some analytes of interest.



CATLAB, LLC

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

ME OCP: MTF368

Certificate of Analysis

Client Name Curaleaf

Address 5 Drapeau St Suit 101

Biddeford ME 04005

Order ID 1819

06697 Sample ID

METRC Sample ID

Date Received 04/20/2023

Date/Time of Collection 04/19/2023 09:30 AM

License Number **DSP105**

Phone 207-815-3020

Sample Type **Dried Flower**

F7 23H2 230307MBZ Strain

Analyst: LCH

Serving Mass (g)/ Package /

Collected Sample Weight 11.2g

Collected By Thomas Begin

Date Generated 04/27/2023

Pesticides

Date Analyzed: 4/25/23 **Prep Date:** 4/24/23 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 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					



CATLAB, LLC

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

ME OCP: MTF368

Certificate of Analysis

Client Name Curaleaf

Address 5 Drapeau St Suit 101

Biddeford ME 04005

Order ID 1819

Sample ID

METRC Sample ID

Date Received 04/20/2023

Date/Time of Collection 04/19/2023 09:30 AM

License Number **DSP105**

Phone 207-815-3020

Sample Type **Dried Flower**

Strain F7 23H2 230307MBZ

Analyst: LCH

Serving Mass (g)/ Package /

Collected Sample Weight 11.2g

Collected By Thomas Begin

Date Generated 04/27/2023

Pesticides

Date Analyzed: 4/25/23 **Prep Date:** 4/24/23 Instrument: CAT-0162 Method: SOP OA-0040

06697

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

- 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).

LCS: pyridaben outside criteria. SMB: several analytes out of criteria. CCV: High bias in one or two CCVs for acephate, acequinocyl, aldicarb, methomyl, oxamyl, carbaryl, flonicamid propoxur, thiamethoam; low bias observed for chlorfenapyr, propiconazole, tebuconazole, paclobutrazol, piperonyl butoxide, propiconazole.



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



Certificate of Analysis

Client Name Curaleaf

Address 5 Drapeau St Suit 101

Biddeford ME 04005

Order ID 1819

Sample ID 06697

METRC Sample ID

Date Received 04/20/2023

Date/Time of Collection 04/19/2023 09:30 AM

License Number DSP105

Phone 207-815-3020

Sample Type Dried Flower

Strain F7 23H2 230307MBZ

Serving Mass (g)/ Package /

Collected Sample Weight 11.2g

Collected By Thomas Begin

Date Generated 04/27/2023

Heavy Metals

 Date Analyzed: 4/25/23
 Prep Date: 4/24/23

 Instrument: CAT-0093
 Method: SOP-OA-0030

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: 4/24/23 Date Analyzed Bacteria: 4/25/23 Instrument: CAT-0140, CAT-0152 Prep Date Ecoli/SLM: 4/24/23
Date Analyzed Ecoli/SLM: 4/26/23

Method: SOP-QA-0028, SOP-QA-0038

Prep Date Yeast and Mold: 4/21/23

Date Analyzed Yeast and Mold: 4/24/23

Analyst: ITG

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	3200	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



Address

Sample ID

CATLAB, LLC

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

ME OCP: MTF368

Certificate of Analysis

Strain

Client Name Curaleaf

5 Drapeau St Suit 101

Biddeford ME 04005

Order ID 1819 06697

METRC Sample ID

Date Received 04/20/2023

Date/Time of Collection 04/19/2023 09:30 AM

License Number **DSP105**

Phone 207-815-3020

Sample Type **Dried Flower** F7 23H2 230307MBZ

Serving Mass (g)/ Package /

Collected Sample Weight 11.2g

Collected By Thomas Begin

Date Generated 04/27/2023

Filth and Foreign Materials

Date Analyzed: 04/24/23 Prep Date: 04/24/23

Instrument: Visual Inspection Method: SOP-QA-0018 Analyst: JG/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



ATLAB LIC

Order ID

CATLAB, LLC

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

F7 23H2 230307MBZ

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

Biddeford ME 04005 Sample Type **Dried Flower**

Strain

06697 Sample ID Serving Mass (g)/ Package /

METRC Sample ID Collected Sample Weight 11.2g

Date Received 04/20/2023 **Collected By Thomas Begin**

Date/Time of Collection 04/19/2023 09:30 AM **Date Generated** 04/27/2023

Water Activity

Date Analyzed: 04/22/23 Prep Date: 04/22/23 Instrument: Rotronic CAT-0020 Method: SOP-QA-0012

1819

Analyte Finding (Aw) RL (Aw) Action Level (Aw) Pass/Fail Water Activity 0.47 0.11 0.65 **Pass**

Moisture Content

Date Analyzed: 4/24/23 **Prep Date:** 4/24/23

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

Analyte	Finding (%)	RL (%)
Moisture Content	8.1	6.0

Deisy Peña-Romero Lab Director

19 Levesque Drive Eliot, Maine 03903

CATLAB, LLC CHAIN OF CUSTODY RECORD

0
/
_

Submital Type

af h.kloetzli@ her.illesd a.leach@ a.leach@	gcuralea Gcuralea curaleaf 05 (Medi 63 (Adul	f.con f.con f.con f.con f.con			V	y Adult Use.	y Adult Use.	Y Adult Use:	Adult Use: R&D: Personal/Other: Analyses Requeste reign Material cal Impurities	Adult Use: R&D: Personal/Other: Analyses Requeste cal Impurities cy	Adult Use: R&D: Personal/Other: Analyses Requeste ign Material cal Impurities cy
New Customer Information amand Billing Address (if different): same Cultivator or Mfg License or Reg Numb Sample Date Time	역 - 휴	amanda.leach@curaleatt): same DSP105 (Med or Reg Number: ACD863 (Adulation of Reg Number) Time Sample Serving	amanda.leach@curaleatt: same DSP105 (Medor Reg Number: ACD863 (Adul	amanda.leach@curaleaf.com t): same DSP105 (Medical) or Reg Number: ACD863 (Adult Use) Time Sample Serving Servings per	amanda.leach@curaleaf.com t): same DSP105 (Medical) or Reg Number: ACD863 (Adult Use) Time Sample Serving Servings per cy open	amanda.leach@curaleaf.com t): same DSP105 (Medical) or Reg Number: ACD863 (Adult Use) Time Sample Serving Servings per og en en solven sol	amanda.leach@curaleaf.com t): same DSP105 (Medical) or Reg Number: ACD863 (Adult Use) Time Sample Serving Servings per og en en solven sol	amanda.leach@curaleaf.com t): same DSP105 (Medical) or Reg Number: ACD863 (Adult Use) Time Sample Serving Servings per og en en solven sol	amanda.leach@curaleaf.com Analyses Requeste DSP105 (Medical) Pr Reg Number: ACD863 (Adult Use) Analyses Requeste I'i': same DSP105 (Medical) Pr Reg Number: ACD863 (Adult Use) I'i'i same Analyses Requeste I al a solvents I and Foreign Material I biological Impurities Pr Activity	amanda.leach@curaleaf.com t): same DSP105 (Medical) or Reg Number: ACD863 (Adult Use) Time Sample Serving Servings per og en en solven sol	amanda.leach@curaleaf.com Analyses Requested DSP105 (Medical) Preg Number: ACD863 (Adult Use) Analyses Requested Analyses Requested Impurities and Foreign Material Cobiological Impurities and Foreign Material Cobiological Impurities Co
	Curaleaf athryn.kloetzli@ thristopher.illesch@ amanda.leach@ same DSP1 leg Number: ACD8	af n.kloetzli@curalea pher.illes@curaleaf a.leach@curaleaf BSP105 (Medi	Cultivator or Mfg Name: Curaleaf Email Address (for results): Cathryn.kloetzli@curaleaf.com	J***	y***	eneity Profile Solvents	eneity Profile Solvents	eneity Profile Solvents	Adult Use: Personal/Other: R&D: R	Adult Use: Personal/Other: R&D: R	Adult Use: R&D: Medical: X Personal/Other: Medical: X Personal/Other: Medical: X

Please calculate dry weight potency.

*Sample types: flower, wet/frozen flower, trim, concentrate, CO2/solvent based concentrate, edible, capsule, tincture, or 'other'

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

***Potency analysis tests 4-9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, 4-8-THC samples collected by (print): Thomas Begin, RIC16839

20

ignature:

Signature: Received in field by/print) Received at Lab by (print) Signature: Date: Time: Date: Time:

QSD-0058 REV10 CJ 102122

15/01

Sample Number	Camala D					X - (-)
(lab use only)	(as on container)	Sample Type	Date Collected	Time Collected	Sample Size	Analyses Requested
		Elamar			CITC	
		Flower				All items marked 'X' on CoC Record.
1 / 2	מינים					For X*: Please calc 'dry weight potency'
60096	F/ 23H2 23U3U/NOV	Flower	4/19/23	9:30	11.1 g	Same
66097	F7 23H2 230307MBZ	Flower	4/19/23	9:30	11.2 g	Same
8000	F7 2747 2305078K5	Flower	5 K11111	8:00	٦.٤	Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same

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	Pagietre Identification Cond Name
Ron Harrison	Registry Identification Card Number RIC16474
Legal Name of Registration Certificate Holder, if applicable Maine Organic Therapy SECTION 2: Receiving Patient or Regi	Registration Certificate Number, if applicable
one of its registered locations to a different registered location.	oroducts for medical use are transported, including patient delivery and when a ity, or manufacturing facility is transporting marijuana or marijuana products fron
This section must be completed by the transferring registrant. Patient Identification Number/Medical Certification Number (DO	
Patient Identification Number/Medical Certification Number (DO	NOT LIST NAME) OR
Patient Identification Number/Medical Certification Number (DO Legal Name CatLab, LLC	
Patient Identification Number/Medical Certification Number (DO Legal Name	OR Registration Identification Card Number

CATLAE

This section must be completed by the transferring start Date	Start Time	00	
Departure Address (Physical) 5 Drapeau St	City Biddeford	State ME	04005
SECTION 5: Destination Information From This section must be completed by the transferring	rmation registrant.		ZIP
		State	ZIF
Destination Address (Physical) 19 Levesque Drive	City Eliot	ME	03903 t of Receipt
Destination Address (Physical) 19 Levesque Drive SECTION 6: Receiving Regist This form is incomplete without a signature by the required. This section must be completed by the receiving re-	ration Signature and Ackre receiving registrant listed in Section 2. If the	ME nowledgmen person listed in Section Phone Numb	t of Receipt on 2 is a patient, no signa
Destination Address (Physical) 19 Levesque Drive SECTION 6: Receiving Regist This form is incomplete without a signature by the required. This section must be completed by the receiving re	ration Signature and Ackre receiving registrant listed in Section 2. If the gistrant.	ME nowledgmen person listed in Section	t of Receipt on 2 is a patient, no signa

Sample Receipt Condition Report CATLAB, LLC Samples Received Via: ___ CATLAB Sampler/Courier ___ Licensee ___ Certified Sampler Order ID: 1819 Custody Seals Present and Intact on Transport Container: Yes No N/A Comments: Custody Seals Present and Intact on Sample Containers: ___ Yes ___ No __ Type of submittal: ___Medical ___Adult Use ___Other Comments:__ N/A 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? Y N / NA Comments: Analysis Marked on COC Match Bottles Rec'v? 1 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/N/ NA Comments: AUMP Sample size by Batch Size OK? Y / N / NA 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: Notes/Comments: Initials/Date: Client ID/Contact Reviewer's Checklist Reporting Instructions If Adult Use: Rushes Communicated __ Logged in Metrc ✓ Temp, Condition OK __ Transfer Manifest Sample ID/Date/Time

→ Sample ID/Date/Time

→ Date/Time

→ Date If CATLAB Samples: ∠ Matrix __ Sampling Form <u>
▼ TAT Correct</u> __Attestation Form ∠Correct Analyses

Initials: 16 Date: 4-02-03