



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	1844	Sample Type	Dried Flower
Sample ID	06786	Strain	F8 23H2 236403ICC
METRC Sample ID		Serving Mass (g)/ Package	/
Date Received	04/26/2023	Collected Sample Weight	11.5g
Date/Time of Collection	04/26/2023 08:00 AM	Collected By	Thomas Begin
		Date Generated	07/20/2023

Summary of Results

Water Activity Profile	
All Results	Pass

Filth and Foreign Materials 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	0.433
CBD	< RL
CBG	0.923
CBN	< RL
CBGA	4.33
CBC	< RL
exoTHC	< RL
Δ9-THC	2.95
Δ8THC	< RL
THCA	192
Total Cannabinoids %	20.0
Total CBD mg/g	0.380
Total THC mg/g	171
Total CBD %	0.0380
Total THC %	17.1

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Summary of Results

Terpenes Profile	
Terpene	Result %
α-Pinene	0.052
Camphene	0.0099
β-Pinene	0.051
β-myrcene	0.028
δ3-carene	< RL
α-Terpinene	< RL
D-Limonene	0.27
p-Cymene	< RL
Eucalyptol	< RL
Ocimene	0.017
γ-Terpinene	< RL
Terpinolene	< RL
Linalool	0.12
Isopulegol	0.012
Geraniol	0.086
β-Caryophyllene	0.36
α-Humulene	0.11
cis-Nerolidol	0.16
trans-Nerolidol	0.24
Guaiol	0.038
Caryophyllene Oxide	0.19
α-Bisabolol	0.19
Total Terpenes (%)	1.9

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Potency

Date Analyzed: 05/02/23
Instrument: UPLC CAT-0002/CAT-0151

Prep Date: 05/01/23
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	0.0433	0.433	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0923	0.923	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.433	4.33	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	0.295	2.95	N/A	0.0101	0.101
Δ8THC	< RL	< RL	N/A	0.0101	0.101
THCA	19.2	192	N/A	0.0101	0.101

CRM failure for THC > 120%. Flag required.

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Terpenes

Date Analyzed: 5/2/23
Instrument: CAT-0114

Prep Date: 5/1/23
Method: SOP QA-0032

Analyst: RW

Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.052	0.0050
Camphene	0.0099	0.0050
β-Pinene	0.051	0.0050
β-myrcene	0.028	0.0050
δ3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.27	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	< RL	0.0050
Ocimene	0.017	0.0050
γ-Terpinene	< RL	0.0050
Terpinolene	< RL	0.0050
Linalool	0.12	0.0050
Isopulegol	0.012	0.0050
Geraniol	0.086	0.025
β-Caryophyllene	0.36	0.0050
α-Humulene	0.11	0.0050
cis-Nerolidol	0.16	0.0054
trans-Nerolidol	0.24	0.0029
Guaiol	0.038	0.0050
Caryophyllene Oxide	0.19	0.0050
α-Bisabolol	0.19	0.0050

QC failure for some analytes of interest.

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Pesticides

Date Analyzed: 5/1/23
Instrument: CAT-0162

Prep Date: 4/28/23
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		403	500	N/A	Dimethoate	< RL	39.9	200	Pass
Acephate	< RL	55.6	400	Pass	Ethoprophos	< RL	33.9	200	Pass
Acequinocyl	< RL	1150	2000	Pass	Etofenprox	< RL	78.1	400	Pass
Acetamiprid	< RL	31.2	200	Pass	Etoazole	< RL	61.2	200	Pass
Aldicarb	< RL	31.2	400	Pass	Fenoxycarb	< RL	89.9	200	Pass
Azoxystrobin	< RL	33.2	200	Pass	Fenpyroximate	< RL	83.1	400	Pass
Bifenazate	< RL	31.2	200	Pass	Fipronil	< RL	112	400	Pass
Bifenthrin	< RL	96.5	200	Pass	Flonicamid	< RL	31.2	1000	Pass
Boscalid	< RL	42.9	400	Pass	Fludioxonil	< RL	62.5	400	Pass
Carbaryl	< RL	37.0	200	Pass	Hexythiazox	< RL	54.3	1000	Pass
Carbofuran	< RL	31.2	200	Pass	Imazalil	< RL	87.3	200	Pass
Chlorantraniliprole	< RL	92.2	200	Pass	Imidacloprid	< RL	39.8	400	Pass
Chlorfenapyr	< RL	919	1000	Pass	Kresoxim-methyl	< RL	53.6	400	Pass
Chlorpyrifos	< RL	74.5	200	Pass	Malathion	< RL	66.0	200	Pass
Clofentezine	< RL	56.7	200	Pass	Metalaxyl	< RL	56.4	200	Pass
Cyfluthrin	< RL	798	1000	Pass	Methiocarb	< RL	31.2	200	Pass
Cypermethrin	< RL	196	1000	Pass	Methomyl	< RL	31.2	400	Pass
Daminozide	< RL	329	1000	Pass	Methyl parathion	< RL	193	200	Pass
DDVP (Dichlorvos)	< RL	31.2	1000	Pass	MGK-264 ²	< RL	70.2	200	Pass
Diazinon	< RL	55.3	200	Pass	Myclobutanil	< RL	37.3	200	Pass
					Naled	< RL	42.2	500	Pass

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Pesticides

Date Analyzed: 5/1/23
Instrument: CAT-0162

Prep Date: 4/28/23
Method: SOP QA-0040

Analyst: LCH

Analyte	Finding (PPB)	LOQ (PPB)	Limit (PPB)	Pass/Fail
Oxamyl	< RL	31.2	1000	Pass
Paclobutrazol	< RL	52.5	400	Pass
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).
5. Abamectin is measured as cumulative residues of Abamectin B1a and Abamectin B1b (CAS #71751-41-2)

Note: QC samples presented analytes outside criteria in CCV (high bias for acequinocyl, cyfluthrin, etofenprox, and flonicamid), LCS, and spiked matrix sample.

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Heavy Metals

Date Analyzed: 5/1/23
Instrument: CAT-0093

Prep Date: 4/28/23
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: 4/27/23
Date Analyzed Bacteria: 4/28/23
Instrument: CAT-0140, CAT-0152

Prep Date Ecoli/SLM: 4/27/23
Date Analyzed Ecoli/SLM: 4/28/23
Method: SOP-QA-0028, SOP-QA-0038

Prep Date Yeast and Mold: 4/28/23
Date Analyzed Yeast and Mold: 5/1/23
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	3600	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

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Filth and Foreign Materials

Date Analyzed: 05/01/23
Instrument: Visual Inspection

Prep Date: 05/01/23
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

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Water Activity

Date Analyzed: 4/28/23
Instrument: Rotronic CAT-0020

Prep Date: 4/28/23
Method: SOP-QA-0012

Analyst: ITG/JG

Analyte	Finding (Aw)	RL (Aw)	Action Level (Aw)	Pass/Fail
Water Activity	0.49	0.11	0.65	Pass

Moisture Content

Date Analyzed: 05/03/23
Instrument: Satorius CAT-0036

Prep Date: 05/03/23
Method: SOP-QA-0019

Analyst: JG/IG

Analyte	Finding (%)	RL (%)
Moisture Content	6.9	6.0

Deisy Peña-Romero Lab Director

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CAT LAB

SECTION 4: Departure Information

This section must be completed by the transferring registrant.

Start Date	4-26-23	Start Time	8:40				
Departure Address (Physical)	5 Drapeau St	City	Biddeford	State	ME	ZIP	04005

SECTION 5: Destination Information

This section must be completed by the transferring registrant.

Destination Address (Physical)	19 Levesque Drive	City	Eliot	State	ME	ZIP	03903
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SECTION 6: Receiving Registration Signature and Acknowledgment of Receipt

This form is incomplete without a signature by the receiving registrant listed in Section 2. If the person listed in Section 2 is a patient, no signature is required.

This section must be completed by the receiving registrant.

Printed Name of Receiving Registrant	J. E. Gaddis	Email Address	[Signature]	Phone Number	200-9950
Date Received	4-26-23	Time Received	2:30		
Signature	[Signature]				

CATLAB, LLC

Sample Receipt Condition Report

Order ID: 1841

Samples Received Via: CATLAB Sampler/Courier Licensee ☒ Certified SamplerCustody 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	3	3	
Trim			
Pre-Roll			
Infused Pre-Roll			
Retail Units			
Concentrate			
Infused Edibles			
Solid Batch			
Liquid Batch			

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

Notes/Comments:

Initials/Date: JS 4/26/23

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

Reviewer's Checklist

- If Adult Use:
☐ Logged in Metrc
☐ Transfer Manifest
 If CATLAB Samples:
☐ Sampling Form
☐ Attestation Form

Initials: DPD Date: 4/28/23

AUMP Confirmation of Sample Size Received

[illegible]

AUMP Disposal Documentation

[illegible]



OFFICE OF MARIJUANA POLICY

EXTRA

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 Ron Harrison	Registry Identification Card Number RIC16474
Legal Name of Registration Certificate Holder, if applicable Maine Organic Therapy	Registration Certificate Number, if applicable DSP105

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.

11.1 g - FLOWER - Novarine - 1 pkg 11.5 g - FLOWER - StarberryBlonde - 1 pkg

11.5g - Flower - Ice Cream Cake - 1 pkg

X-TRA

SECTION 4: Departure Information

This section must be completed by the transferring registrant.

Start Date 4-26-23	Start Time 8:40		
Departure Address (Physical) 5 Drapeau St	City Biddeford	State ME	ZIP 04005

SECTION 5: Destination Information

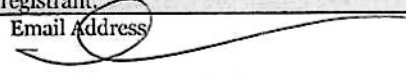
This section must be completed by the transferring registrant.

Destination Address (Physical) 19 Levesque Drive	City Eliot	State ME	ZIP 03903
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SECTION 6: Receiving Registration Signature and Acknowledgment of Receipt

This form is incomplete without a signature by the receiving registrant listed in Section 2. If the person listed in Section 2 is a patient, no signature is required.

This section must be completed by the receiving registrant.

Printed Name of Receiving Registrant	Email Address 	Phone Number 200-9950
Date Received	Time Received	
Signature		