



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

## Certificate of Analysis

<b>Client Name</b>	Curaleaf	<b>License Number</b>	DSP105
<b>Address</b>	5 Drapeau St Suit 101 Biddeford ME 04005	<b>Phone</b>	207-815-3020
<b>Order ID</b>	1844	<b>Sample Type</b>	Dried Flower
<b>Sample ID</b>	06785	<b>Strain</b>	F8 23H2 230408STB
<b>METRC Sample ID</b>		<b>Serving Mass (g)/ Package /</b>	
<b>Date Received</b>	04/26/2023	<b>Collected Sample Weight</b>	11.5g
<b>Date/Time of Collection</b>	04/25/2023 08:20 AM	<b>Collected By</b>	Thomas Begin
		<b>Date Generated</b>	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	0.183
CBDA	0.374
CBD	< RL
CBG	0.765
CBN	< RL
CBGA	3.22
CBC	0.182
exoTHC	< RL
Δ9-THC	6.83
Δ8THC	< RL
THCA	146
<b>Total Cannabinoids %</b>	15.7
<b>Total CBD mg/g</b>	0.328
<b>Total THC mg/g</b>	135
<b>Total CBD %</b>	0.0328
<b>Total THC %</b>	13.5

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## Summary of Results

Terpenes Profile	
Terpene	Result %
α-Pinene	0.011
Camphene	< RL
β-Pinene	0.020
β-myrcene	0.16
δ3-carene	< RL
α-Terpinene	< RL
D-Limonene	0.075
p-Cymene	< RL
Eucalyptol	< RL
Ocimene	< RL
γ-Terpinene	< RL
Terpinolene	< RL
Linalool	0.10
Isopulegol	< RL
Geraniol	< RL
β-Caryophyllene	0.44
α-Humulene	0.13
cis-Nerolidol	0.22
trans-Nerolidol	0.21
Guaiol	0.017
Caryophyllene Oxide	0.15
α-Bisabolol	0.20
Total Terpenes (%)	1.8

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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	0.0374	0.374	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0765	0.765	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.322	3.22	N/A	0.0101	0.101
CBC	< RL	< RL	N/A	0.0101	0.101
exoTHC	< RL	< RL	N/A	0.0101	0.101
$\Delta^9$ -THC	0.683	6.83	N/A	0.0101	0.101
$\Delta^8$ THC	< RL	< RL	N/A	0.0101	0.101
THCA	14.6	146	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	0.011	0.0050
Camphene	< RL	0.0050
β-Pinene	0.020	0.0050
β-myrcene	0.16	0.0050
δ3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.075	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	0.10	0.0050
Isopulegol	0.0050	0.0050
Geraniol	< RL	0.025
β-Caryophyllene	0.44	0.0050
α-Humulene	0.13	0.0050
cis-Nerolidol	0.22	0.0054
trans-Nerolidol	0.21	0.0029
Guaiol	0.017	0.0050
Caryophyllene Oxide	0.15	0.0050
α-Bisabolol	0.20	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 <sup>2</sup>	< 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 <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:

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	300	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	7.1	6.0

Deisy Peña-Romero Lab Director

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ISO #112380

## CATLAB, LLC CHAIN OF CUSTODY RECORD

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**Report To:** Cathryn Kloetzli, Chris Illes, Amanda Leach

Cultivator or Mfg Name: Curaleaf

Email Address (for results): [cathryn.kloetzi@curaleaf.com](mailto:cathryn.kloetzi@curaleaf.com)

[christopher.cilles@curaleaf.com](mailto:christopher.cilles@curaleaf.com)

**New Customer Information**  
amanda.leach@clairleaf.com

Address: 5 Drapeau St. Suite 101

Billing Address (if different): same

City, State: Bidddeford, ME 04005

Zip Code: 207.815.3020 X4157

Phone:

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

DSP105 (Medical)

[illegible]

Comments, special instructions, or temperature requirements:

Please calculate dry weight potency.

\*Sample types: flower, wet/frozen flower, trim, concentrate, CO<sub>2</sub>/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 Δ-9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, Δ-8-THC

Samples collected by (print): ☒ Thomas Begin, R1C16839

**Signature:**

Date: 4/17/23

Signature: \_\_\_\_\_

Received in field by (print):

**Signature:**

Received at Lab by (print):

Signature: \_\_\_\_\_

### Submittal Type

Adult Use: \_\_\_\_\_ R&D: \_\_\_\_\_ Medical: X

Personal/Other: \_\_\_\_\_

*[Signature]*

Date: 4/17/23

Signature: \_\_\_\_\_

11/6/2022

Time:

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: 18414

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

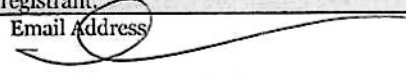
This section must be completed by the transferring registrant.

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		