

Certificate of Analysis

Client Name	Curaleaf	License Number	DSP105
Address	5 Drapeau St Suit 101	Phone	207-815-3020
	Biddeford ME 04005	Sample Type	Flower
Order ID	1923	Strain	F11 25H2 230411111
Sample ID	07102	Serving Mass (g)/ Package	
METRC Sample ID		Collected Sample Weight	- 1
Date Received	05/10/2023	Collected By	
Date/Time of Collection	05/10/2023 08:15 AM	Date Generated	05/17/2023

	Summar	y of Results
Water Activity	Profile	
All Results	Pass	
Filth and Foreign Mate	erials Screening	
All Results	Pass	
Microbiological	Screening	
All Results	Fail	
		_
Moisture Scr	eening	
All Results	Pass	
Heavy Metals S	creening	
All Results	Pass	
		-
Pesticides Sci	reening	
All Results	Pass	
		•

Potency Profile				
<u>Cannabinoid</u>	Result mg/g			
CBDV	< RL			
THCV	< RL			
CBDA	0.290			
CBD	< RL			
CBG	0.333			
CBN	< RL			
CBGA	1.53			
CBC	< RL			
exoTHC	< RL			
Δ9-THC	3.34			
Δ8THC	< RL			
ТНСА	127			
Total Cannabinoids %	13.3			
Total CBD mg/g	0.254			
Total THC mg/g	115			
Total CBD %	0.0254			
Total THC %	11.5			

Summary of Results

Terpenes Profile				
Terpene	Result %			
α-Pinene	0.0075			
Camphene	< RL			
β-Pinene	0.014			
β-myrcene	0.054			
δ3-carene	< RL			
α-Terpinene	< RL			
D-Limonene	0.064			
p-Cymene	< RL			
Eucalyptol	< RL			
Ocimene	< RL			
y-Terpinene	< RL			
Terpinolene	< RL			
Linalool	0.031			
lsopulegol	0.011			
Geraniol	0.086			
β-Caryophyllene	0.35			
α-Humulene	0.13			
cis-Nerolidol	0.27			
trans-Nerolidol	0.44			
Guaiol	0.089			
Caryophyllene Oxide	0.24			
α-Bisabolol	0.27			
Total Terpenes (%)	2.1			



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Potency

Date Analyzed: 5/16/23 Instrument: UPLC CAT-0002/CAT-0151		Prep Date: 5/15/23 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	0.0290	0.290	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0333	0.333	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.153	1.53	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	0.334	3.34	N/A	0.0101	0.101
Δ8ΤΗC	< RL	< RL	N/A	0.0101	0.101
THCA	12.7	127	N/A	0.0101	0.101

CN2 CCV fails high for exo-THC (unregulated cannabinoid) throughout run. Final CN2 CCV fails high for all analytes (all unregulated cannabinoids) due to evaporation. New injection of CN2 CCV stock solution passed for all analytes aside from exo-THC. Therefore, failure of final CN2 CCV, with the exception of exo-THC, can be contributed to evaporation. No exo-THC was observed in any sample or QC injections. CRM fail high for THC, >120% expected.



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Terpenes

Date Analyzed: 5/16/23 Instrument: CAT-0020	Prep Date: 5/15/23 Method: SOP QA-0032	Analyst: RW
Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.0075	0.0050
Camphene	< RL	0.0050
β-Pinene	0.014	0.0050
β-myrcene	0.054	0.0050
δ3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.064	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	< RL	0.0050
Ocimene	< RL	0.0050
y-Terpinene	< RL	0.0050
Terpinolene	< RL	0.0050
Linalool	0.031	0.0050
lsopulegol	0.011	0.0050
Geraniol	0.086	0.025
β-Caryophyllene	0.35	0.0050
α-Humulene	0.13	0.0050
cis-Nerolidol	0.27	0.0054
trans-Nerolidol	0.44	0.0029
Guaiol	0.089	0.0050
Caryophyllene Oxide	0.24	0.0050
α-Bisabolol	0.27	0.0050

QC failure for some analytes of interest.

DISCLAIMER: mg/L=ppm, µg/L=ppb, "<" denotes "less than", TNTC = Too Numerous To Count. This report of analysis may not be modified in any way, or reproduced except in full, without written approval from CATLAB, LLC. Results as reported relate only to samples as submitted on the chain of custody. All sample results are based on samples as they are received. Not all potential/existing hazards were tested. Unless otherwise noted, analyses were performed without significant modifications and QC met the quality standards outlined in the methods reported. Measurement uncertainty is available upon request. The Reporting Limit (RL) is the lowest level of an analyte that can be accurately recovered from the matrix of interest. The Regulatory Limits (or Action Levels) for adult use mandatory testing samples are set by the Maine Office of Cannabis Policy (OCP). Total THC = D-9-THC + (THCA x 0.877). Total CBD = CBD + (CBDA x 0.877).



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Pesticides

Date Analyzed: 5/ Instrument: CAT-0	-		•	Date: 5/1 d: SOP Q	-	An	alyst: LCH		
Analyte	Finding (PPB)	LOQ (PPB)	Limit (PPB)	Pass/ Fail	Analyte	Finding (PPB)	LOQ (PPB)	Limit (PPB)	Pass/ Fail
Abamectin	< RL	403	500	Pass	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	Etoxazole	< 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: 5/17/23 Instrument: CAT-0162	•			
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).

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).

5. Abamectin is measured as cumulative residues of Abamectin B1a and Abamectin B1b (CAS #71751-41-2)

QC samples presented analytes outside criteria in a CCV (fludioxonil, prallethrin, spirotetramat, piperonyl butoxide), LCS (abamectin, acequinocyl, cypermethrin, dichlorvos, daminozide, prallethrin, and spiromesifen), and SMB.



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Heavy Metals

Date Analyzed: 5/12/23 Instrument: CAT-0093		Prep Date: 5/11/23 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: 5/10/23 Date Analyzed Bacteria: 5/11/23 Instrument: CAT-0140, CAT-0152 Prep Date Ecoli/SLM: 5/10/23 Date Analyzed Ecoli/SLM: 5/12/23 Method: SOP-QA-0028, SOP-QA-0038 Prep Date Yeast and Mold: 5/12/23 Date Analyzed Yeast and Mold: 5/15/32 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	370000	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: 05/11/23 Instrument: Visual Inspection	Prep Date: 05/11/23 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: 05/11/ Instrument: Rotronic C		Prep Date: 05/11/23 Method: SOP-QA-0012	Analyst: JG	/IG
Analyte	Finding (Aw)	RL (Aw)	Action Level (Aw)	Pass/Fail
Water Activity	0.46	0.11	0.65	Pass

Moisture Content

Date Analyzed: 05/11/23 Instrument: Satorius CAT-0036	Prep Date: 05/11/23 Method: SOP-QA-0019	Analyst: JG/IG
Analyte	Finding (%)	RL (%)
Moisture Content	7.2	6.0

Deisy Peña-Romero Lab Director

	Signature:	Samples collected by (print):	*** Potency analysis t	**For edibles, tinctur	*Sample types: flowe		Comments, speci								s e e	Sample Number (lab use only)				Address: 5			CATLAB, LIC	(a)	IL SO	-0	
- Bar	A	(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	*Sample types: flower, wet/frozen flower, trim, concentrate, CO ₂ /solvent based concentrate, edible, capsule, tincture, or 'other'		Comments, special Instructions, or temperature requirements:								attach	Sample Identification (as found on container)			207.815.3020 x4157	5 Drapeau St. Suite 101 Biddeford MF 04005	2		ISO #112380	207-200-9950 MTF368	19 Levesque Drive Eliot. Maine 03903		
		IC16839	IDA, THCV, CB	size and servir	CO ₂ /solvent l		requiremer								e d	Sample Type*		Cultivator o		Billing Add	lew Custom		Email Addr	Cultivator .	Report To:		
1	Date: S	•	DV, CBC, CBG/	ngs per packag	based concentr	Ple	its:								s	Date Collected		Cultivator or Mfg License or Reg Number:		Billing Address (If different): Same	New Customer Information		Email Address (for results): cathryn.kloetzli@curaleaf.com	Cultivator or Mfg Name:	Cathry	CATL	
	1m /2	/	λ, exoTHC, Δ-8	e information	ate, edible, ca	ase cal									h e	Time Collected		e or Reg Nun		^{ant):} same		christ	Its): cathry	: Curaleaf	Cathryn Kloetzli, Chris Illes, Amanda Leach	AB, LLC (
Ċ	N		-THC		psule, tincture	culate d									e t	Sample Size			DSF	U.	amanda.leach@curaleaf.com	opher.ille	n.kloetzl	eaf	Chris Illes	CHAIN O	
	Signature:	Received at I	Signature:	Received in f	e, or 'other'	Iry weig									N/A	Serving Size**		ACD863 (Adult Use)	DSP105 (Medical)		@curale	SQual	i@curale		, Amanda	OF CUST	
	the	Received at Lab by (print):		Received in field by (print):		Please calculate dry weight potency									N/A	Servings per Package**		ult Use)	dical)		af.com	christopher.illes@curaleaf.com	af.com		Leach	CATLAB, LLC CHAIN OF CUSTODY RECORD	
F	D	P.				•									×	Potency	***									° e	l.
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Order 1923

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Same	11.40	515	5110123	Flumer	FII JZHJ JZWIII KC	2017
Same	11.20	2:15	5111/33	Flower	FII JiH) JEGHIIII	7102
Same	11.29	J'W	2/4123	Flower	FIL 23H2 23NULLAG FLOWER	7101
All items marked 'X' on CoC Record. For X*: Please calc 'dry weight potency'	11.3 g	9:30	5/8/23	Flower	F14 23H2 230414PNT	7100
Analyses Requested	Sample Size	Time Collected	Date Collected	Sample Type	Sample ID (as on container)	Sample Number (lab use only)

CAT LAB **UFFICE** OF maine uana Pc 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.

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 Registra This section must be completed anytime marijuana or marijuana produ- registered caregiver, registered dispensary, marijuana testing facility, o 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	iets for medical use are transported, including patient derivery and when a or manufacturing facility is transporting marijuana or marijuana products from
	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 For each item transported, provide the amount (weight or units), prod information of the marijuana or marijuana products. This section must be completed by the transferring registrant.	• Marijuana Products Transported but type (flower, wax, cartridges, etc.), and strain or other further identifying
and a second	1649 - Flower- Ice Crown Cale- iphy

11.29- Flower - Curalli- Inny 11.39 - Flower - Creacender - 1phy

This section must be completed by the transferring Start Date $5-10 - 23$	Start Time 9-	20	
5 Drapeau St	City Biddeford	State	ZIP 04005
SECTION 5: Destination Infor This section must be completed by the transferring	registrant.	LAV 3 TON	STREET, STREET,
Destination Address (Physical)	City	State	ZIP
19 Levesque Drive SECTION 6: Receiving Regist	Eliot	ME	03903
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 reg	Eliot ration Signature and Ack receiving registrant listed in Section 2. If the	ME	03903
19 Levesque Drive SECTION 6: Receiving Registr This form is incomplete without a signature by the prequired. This section must be completed by the receiving reg	Eliot ration Signature and Ack receiving registrant listed in Section 2. If the	ME	03903 of Receipt n 2 is a patient, no sign

Sample Receipt Condition Report				
CATLAB, LLC			Order ID	1925
	_ CATLAB Sampler/Courier			1.15
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:				
	dicalAdult UseOther	Comments		
Receipt Temp: Hu	umidity: If needed, ic	e present? Y/N	Ambient:	

	Samples Received				
	# of Samples	# of Containers	Notes:		
Flower	c/	۲)			
Trim					
Pre-Roll					
Infused Pre-Roll					
Retail Units					
Concentrate					
Infused Edibles					
Solid Batch					
Liquid Batch					

Proper Sample Containers/Enough Sample?	()/N/N/	Comments:
Analysis Marked on COC Match Bottles Rec'v?		
Date/Time/ID on Samples Match COC?		
Rushes Communicates to analyst in writing?		
Sample tampered, manipulated, adulterated or contaminated?		
AUMP Sample size by Batch Size OK?	Y/N/N	Comments:
Samples collected in the manner required by OMP?	Y/N/N	A Comments:
Transport Manifest Received?	Y/N/N	A Comments:
Samples Received in Metrc?	Y/N/N	Comments:
		Initials/Date: 5/10/23

Reviewer's Checklist

Notes/Comments:

Reporting Instructions		Logged in Metrc
Rushes Communicated		Transfer Manifest
Temp, Condition OK		If CATLAB Samples:
Sample ID/Date/Time		Sampling Form
Matrix		Attestation Form
TAT Correct		
Correct Analyses	Initials: 6 Date: 5/11/23	

If Adult Use: