

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	1952	Strain	F9 23H2 230509STB
Sample ID	07183	Serving Mass (g)/ Package	1
METRC Sample ID		Collected Sample Weight	
Date Received	05/17/2023	Collected By	
Date/Time of Collection	05/17/2023 08:00 AM	Date Generated	05/24/2023

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

Potency Profile				
<u>Cannabinoid</u>	Result mg/g			
CBDV	< RL			
THCV	< RL			
CBDA	0.392			
CBD	< RL			
CBG	0.821			
CBN	< RL			
CBGA	3.54			
CBC	< RL			
exoTHC	< RL			
Δ9-THC	5.26			
Δ8THC	< RL			
ТНСА	161			
Total Cannabinoids %	17.1			
Total CBD mg/g	0.344			
Total THC mg/g	147			
Total CBD %	0.0344			
Total THC %	14.7			

Summary of Results

Terpenes	Profile
Terpene	Result %
α-Pinene	0.011
Camphene	< RL
β-Pinene	0.020
β-myrcene	0.23
δ 3-carene	< RL
α-Terpinene	< RL
D-Limonene	0.11
p-Cymene	< RL
Eucalyptol	< RL
Ocimene	< RL
y-Terpinene	< RL
Terpinolene	< RL
Linalool	0.14
Isopulegol	0.0070
Geraniol	< RL
β-Caryophyllene	0.65
α-Humulene	0.19
cis-Nerolidol	0.24
trans-Nerolidol	0.28
Guaiol	0.069
Caryophyllene Oxide	0.17
α-Bisabolol	0.28
Total Terpenes (%)	2.4



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Potency

Date Analyzed Instrument: UP	: 05/23/23 LC CAT-0002/CAT-0151		p Date: 05/22/23 thod: SOP-QA-0016	Analyst: A	С
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	0.0392	0.392	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0821	0.821	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.354	3.54	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	0.526	5.26	N/A	0.0101	0.101
Δ8ΤΗC	< RL	< RL	N/A	0.0101	0.101
THCA	16.1	161	N/A	0.0101	0.101

LCS: THCA recovery 79.96%. Flag required. CRM failure for THC and THCA . Flag required.



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Terpenes

Date Analyzed: 5/23/23 Instrument: CAT-0114	Prep Date: 5/22/23 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	0.23	0.0050
δ3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.11	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	0.14	0.0050
Isopulegol	0.0070	0.0050
Geraniol	< RL	0.025
β-Caryophyllene	0.65	0.0050
α-Humulene	0.19	0.0050
cis-Nerolidol	0.24	0.0054
trans-Nerolidol	0.28	0.0029
Guaiol	0.069	0.0050
Caryophyllene Oxide	0.17	0.0050
α-Bisabolol	0.28	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	-		•	a te: 5/22 I : SOP QA		Anal	yst: LCH/RV	V	
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: 5/23/23 Instrument: CAT-0162	•	Prep Date: 5/22/23 Method: SOP QA-0040 Analyst: LCH/RW		V
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)

Note: QC samples presented analytes outside criteria in CCV (high bias for chlorfenapyr, clofentazine, naled, and permethrins), LCS (abamectins, acequinocyl, cyfluthrin, etoxazole, fenpyroximate, prallethrin, spiromesifen), and spiked matrix sample.



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Heavy Metals

Date Analyzed: 5/22/23 Instrument: CAT-0095		Prep Date: 5/17/23 Method: SOP-QA-0030	Analyst: IG	
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

LCS: Hg(78.4%) and Pb(78.8%) lower than 80% criteria.

Microbial Analysis

Prep Date Bacteria: 5/17/23 Date Analyzed Bacteria: 5/18/23 Instrument: CAT-0140, CAT-0152 Prep Date Ecoli/SLM: 5/17/23 Date Analyzed Ecoli/SLM: 5/18/23 Method: SOP-QA-0028, SOP-QA-0038 Prep Date Yeast and Mold: 5/19/23 Date Analyzed Yeast and Mold: 5/22/23 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	210	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: 05/17/23 Instrument: Visual Inspection	Prep Date: 05/17/23 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: 05/18/ Instrument: Rotronic C		Prep Date: 05/18/23 Method: SOP-QA-0012	Analyst: JG	i/IG
Analyte	Finding (Aw)	RL (Aw)	Action Level (Aw)	Pass/Fail
Water Activity	0.48	0.11	0.65	Pass

Moisture Content

Date Analyzed: 05/18/23 Instrument: Satorius CAT-0036	Prep Date: 05/18/23 Method: SOP-QA-0019	Analyst: JG/IG
Analyte	Finding (%)	RL (%)
Moisture Content	7.5	6.0

Deisy Peña-Romero Lab Director

	Signature: "How	Samples collected by (print):	***Potency analysis	**For edibles, tinctu	*Sample types: flow		Comments, spec			8 8 8	Sample Number (lab use only)	Address: City, State: Zip Code: Phone:		CATLAB, LIC	(NEW	ES.	
	Hormy C Brill	v (print): Thomas Begin, RIC16839	***Potency analysis tests A-9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, A-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)	5 Drapeau St. Suite 101 Biddeford, ME 04005 207.815.3020 x4157	Z	ISO #112380	207-200-9950 MTF368	19 Levesque Drive Eliot, Maine 03903	
		C16839	A, THCV, CBD	ze and serving	02/solvent ba		equirement			e d	Sample Type*	Billing Addr. Cultivator o	ew Custome	Email Addro	Cultivator o	Report To:	
	Date: 5/16/73		V, CBC, CBGA, d	s per package i	sed concentrat	Plea	S			N N	Date Collected	Billing Address (if different): same DSP105 (Medical) Cultivator or Mfg License or Reg Number: ACD863 (Adult Use)	New Customer Information	Email Address (for results): cathryn.kloetzli@curaleaf.com	Cultivator or Mfg Name:	Cathryn	CATL
	511		≥хоТНС, Δ-8-Т	nformation	.e, edible, cap	ase calc				h e	Time Collected	or Reg Num	1	ts): cathry	: Curaleaf	Cathryn Kloetzli, Chris Illes, Amanda Leach	CATLAB, LLC CHAIN OF CUSTODY RE
					sule, tincture,	ulate di				e t	Sample Size	ber DSF	a.leach	n.kloetzl	af	Chris Illes	CHAIN C
	Signature:	Received at Lab by (print):	Signature:	Received in field by (print):	or 'other'	ry weigł		-		N/A	Serving Size**	DSP105 (Medical) ACD863 (Adult Us	amanda.leach@curaleaf.com	cathryn.kloetzli@curaleaf.com christopher.illes@curaleaf.com		, Amanda	OF CUST
1	The h	bby (print):		eld by (print):		Please calculate dry weight potency.				N/A	Servings per Package**	dical) ult Use)	af.com	eaf.com		Leach	ODY RECO
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		DUE								×	Microbiol	ogical Impurities	es Re	I/Othe	R&D:	mital	ي
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-0058	Time:	Date:	Time:	Date:							Aflatoxins	/Ochratoxins	ed		Medical:		<u>ح</u>
REV	10:	110					Ī			×	Metals						ef
QSD-0058 REV10 CJ 102122		オた								×	Pesticides				×		
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																												7183 F9 23H1 2305095175 FWARE 5/17/23 7:00 11,3,	F14 23H2 230414BKS Flower 5/16/23 8:30 11.1 g		F17 23H2 230417CRE Flower 5/16/23 8-30 11.1 ~	(as on container) Type Collected Size	Sample Number Sample ID Sample Date Time Collected Sample
Same Same Same Same Same Same Same	Same Same Same Same Same Same Same Same	Same Same Same Same Same Same Same	Same Same Same Same Same Same	Same Same Same Same	Same Same Same Same	Same Same Same Same	Same Same Same Same Same	Same Same Same Same Same	Same Same Same Same	Same Same Same Same	Same Same Same Same Same	Same Same Same Same Same	Same Same Same Same Same	Same Same Same Same Same	Same Same Same	Same Same Same Same	Same Same Same	Same Same Same	Same	Same	For X*: Please calc 'dry weight potency'	All items marked Wight Con Densed	nual see we direction	Analyzas Dominster									

25/21



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
registered caregiver, registered dispensary, marijuana testing facility one of its registered locations to a different registered location. <u>This section must be completed by the transferring registrant.</u> Patient Identification Number/Medical Certification Number (DO N	oducts for medical use are transported, including patient delivery and when a , or manufacturing facility is transporting marijuana or marijuana products from OT LIST NAME)
	OR
Legal Name CatLab,LLC	OR Registration Identification Card Number MTF368
	Registration Identification Card Number
CatLab,LLC Legal Name of Registration Certificate Holder, if applicable SECTION 3: Description of Marijuana of	Registration Identification Card Number MTF368 Registration Certificate Number, if applicable

11:39- Flower- Con Strawberry Blobbe - 1 pin

CATLAB

Start Date 5-17-23	Start Time	30	
Departure Address (Physical) 5 Drapeau St	City Biddeford	State ME	ZIP 04005
SECTION 5: Destination Information	on t.		
Destination Address (Physical)	City	State	ZIP 03903
19 Levesque Drive SECTION 6: Receiving Registration	Eliot Signature and Ackn	ME	
SECTION 6: Receiving Registration This form is incomplete without a signature by the receiving required. This section must be completed by the receiving registrant.	n Signature and Ackn registrant listed in Section 2. If the	nowledgment person listed in Section	of Receipt
SECTION 6: Receiving Registration This form is incomplete without a signature by the receiving required. This section must be completed by the receiving registrant. Printed Name of Receiving Registrant Email Addr	n Signature and Ackn registrant listed in Section 2. If the	nowledgment person listed in Section	of Receipt
SECTION 6: Receiving Registration This form is incomplete without a signature by the receiving required. This section must be completed by the receiving registrant. Printed Name of Receiving Registrant Email Addr	n Signature and Ackn registrant listed in Section 2. If the	Phone Numbe	of Receipt

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Sample Receipt Condition Report

		Sample Receipt	Condition Rep	port	1
CATLAB, LLC				Order ID:	1952
Samples Received	/ia: CATLAB Sa	ampler/Courier 🔀 Licer	isee Certi	ified Sampler	
Custody Seals Pres	ent and Intact on T	ransport Container:		\times N/A Comments:	
				N/A Comments:	
Type of submittal:			Comments		
Receipt Temp:	/	If needed, ice pre		Ambient:	

			Samples Received
	# of Samples	# of Containers	Notes:
Flower	(vi	3	
Trim			
Pre-Roll			
Infused Pre-Roll			
Retail Units			
Concentrate			
Infused Edibles			
Solid Batch			
Liquid Batch			

Proper Sample Containers/Enough Sample?	()N/N	A	Comments:
Analysis Marked on COC Match Bottles Rec'v?			
Date/Time/ID on Samples Match COC?	@/ N / N	١A	Comments:
Rushes Communicates to analyst in writing?	Y/N/K		Comments:
Sample tampered, manipulated, adulterated or contaminated?	Y/N/N	A	Comments:
AUMP Sample size by Batch Size OK?	Y/N/	١A	¢omments:
Samples collected in the manner required by OMP?	Y/N/	A	Comments:
Transport Manifest Received?	Y/N/	١A	¢omments:
Samples Received in Metrc?	Y/N/N	A	Comments:
		V	Initials/Date: IG 5-17-23

Notes/Comments:

Dey weight potency

	Reviewer's Checklist	
Client ID/Contact		If Adult Use:
Reporting Instructions		Logged in Metrc
Rushes Communicated		Transfer Manifest
Temp, Condition OK		If CATLAB Samples:
Sample ID/Date/Time		Sampling Form
Matrix	Alla	Attestation Form
TAT Correct	5/18/	
Correct Analyses	Initials: Date:	

QSD-0002 REV3 jcs 092821