

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	1974	Strain	F9 23H2 230509MBZ
Sample ID	07246	Serving Mass (g)/ Package	e /
METRC Sample ID		Collected Sample Weight	11.5g
Date Received	05/24/2023	Collected By	Thomas Begin
Date/Time of Collection	05/23/2023 08:00 AM	Date Generated	05/31/2023

Summary of Results

Water Activity	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	0.125			
CBDA	0.446			
CBD	< RL			
CBG	0.768			
CBN	< RL			
CBGA	2.63			
CBC	< RL			
exoTHC	< RL			
Δ9-THC	3.97			
Δ8THC	< RL			
THCA	211			
Total Cannabinoids %	21.9			
Total CBD mg/g	0.391			
Total THC mg/g	189			
Total CBD %	0.0391			
Total THC %	18.9			

Summary of Results

Terpenes	Terpenes Profile				
<u> </u>	Result %				
α-Pinene	0.064				
Camphene	0.013				
β-Pinene	0.070				
β-myrcene	0.11				
δ3-carene	< RL				
α-Terpinene	< RL				
D-Limonene	0.31				
p-Cymene	< RL				
Eucalyptol	0.0085				
Ocimene	0.034				
y-Terpinene	< RL				
Terpinolene	0.0093				
Linalool	0.19				
Isopulegol	0.0071				
Geraniol	0.17				
β-Caryophyllene	0.45				
α-Humulene	0.11				
cis-Nerolidol	0.13				
trans-Nerolidol	0.25				
Guaiol	0.37				
Caryophyllene Oxide	0.31				
α-Bisabolol	0.29				
Total Terpenes (%)	2.9				



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Potency

Date Analyzed: 05/30/23 Instrument: UPLC CAT-0002/CAT-0151		Prep Date: 05/26/23 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	0.0446	0.446	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0768	0.768	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.263	2.63	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	0.397	3.97	N/A	0.0101	0.101
Δ8ΤΗΟ	< RL	< RL	N/A	0.0101	0.101
THCA	21.1	211	N/A	0.0101	0.101



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Terpenes

Date Analyzed: 5/30/23 Instrument: CAT-0114	Prep Date: 5/26/23 Method: SOP QA-0032	Analyst: RW
Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.064	0.0050
Camphene	0.013	0.0050
β-Pinene	0.070	0.0050
β-myrcene	0.11	0.0050
δ3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.31	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	0.0085	0.0050
Ocimene	0.034	0.0050
y-Terpinene	< RL	0.0050
Terpinolene	0.0093	0.0050
Linalool	0.19	0.0050
lsopulegol	0.0071	0.0050
Geraniol	0.17	0.025
β-Caryophyllene	0.45	0.0050
α-Humulene	0.11	0.0050
cis-Nerolidol	0.13	0.0054
trans-Nerolidol	0.25	0.0029
Guaiol	0.37	0.0050
Caryophyllene Oxide	0.31	0.0050
α-Bisabolol	0.29	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: 5/3 d: SOP Q		Ar	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: 5/31/23 Instrument: CAT-0162	Prep Date Method: S	: 5/30/23 OP 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 a CCV (high bias for cyfluthrin, cypermethrin, etoxazole, piperonyl butoxide, pyridaben, trifloxystrobin), LCS, and spiked matrix sample.



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Heavy Metals

Date Analyzed: 5/31/23 Instrument: CAT-0093	i	Prep Date: 5/26/23 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: 5/25/23 Date Analyzed Bacteria: 5/26/23 Instrument: CAT-0140, CAT-0152 Prep Date Ecoli/SLM: 5/25/23 Date Analyzed Ecoli/SLM: 5/26/23 Method: SOP-QA-0028, SOP-QA-0038 Prep Date Yeast and Mold: 5/26/23 Date Analyzed Yeast and Mold: 5/29/23 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	13000	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: 05/25/23 Instrument: Visual Inspection	Prep Date: 05/25/23 Method: SOP-QA-0018	Analys	t: JG
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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METRC Sample ID		Collected Sample Weight	11.5g			
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Water Activity

Date Analyzed: 05/25/23 Instrument: Rotronic CAT-002	20	Prep Date: 05/25/23 Method: SOP-QA-0012	Analyst: JG/DPR				
Analyte	Finding (Aw)	RL (Aw)	Action Level (Aw)	Pass/Fail			
Water Activity	0.49	0.11	0.65	Pass			

Moisture Content

Date Analyzed: 5/26/23 Instrument: Satorius CAT-0036	Prep Date: 5/26/23 Method: SOP-QA-0019	Analyst: ITG
Analyte	Finding (%)	RL (%)
Moisture Content	7.1	6.0

Deisy Peña-Romero Lab Director

	Signature: Howw	Samples collected by (print):	***Potency analysis te	**For edibles, tincture	*Sample types: flower		Comments, speci					724-1	1246	12:15		S e e	Sample Number (lab use only)		Phone:		City, State:			CATLAB, LLC	(The second	ES.		
	* (, Preinr	(print): Thomas Begin, RIC16839	***Potency analysis tests 4-9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, 4-8-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:					FI7 2342 2305 17 14	2342 23	PP723HZ 230509706	F9 23HZ 230509166	attach	Sample Identification (as found on container)			207.815.3020 x4157	5 Drapeau St. Suite 101 Biddeford. ME 04005			ISO #112380	207-200-9950 MTF368	19 Levesque Drive Eliot, Maine 03903		
		C16839	DA, THCV, CBD	ize and servin	CO ₂ /solvent b		equiremen									e d	Sample Type*		Cultivator		Billing Add	Vew Custom		Email Add	Cultivator	Report To:		
	Date: 5/		OV, CBC, CBGA,	gs per package	ased concentra	Ple	its:									s	Date Collected		Cultivator or Mfg License or Reg Number:		Billing Address (if different):	New Customer Information		Email Address (for results): Cathryn.kloetzli@curaleaf.com	Cultivator or Mfg Name:		CATI	
,	5124123		, exoTHC, Δ-8-1	information	ate, edible, cap	ase calo										h e	Time Collected		se or Reg Nur		^{ent):} same		chuist	uts): cathry	e: Curaleaf	Cathryn Kloetzli, Chris Illes, Amanda Leach	.AB, LLC	
					sule, tincture	ulate d										e t	Sample Size		-	DS	(D	da.leach	apher.ill	/n.kloetz	eaf	Chris Ille	CHAIN	
	Signature:	Received at Lab by (print):	Signature:	Received in field by (print)	, or 'other'	ry weigł										N/A	Serving Size**		ACD863 (Ac	DSP105 (Medical)		amanda.leach@curaleaf.com	christopher.illes@curaleaf.com	li@cural		s, Amanda	OF CUST	
		ab by (print):		eld by (print):		Please calculate dry weight potency										N/A	Servings per Package**		(Adult Use)	edical)		af.com	leaf.com	eaf.com		a Leach	CATLAB, LLC CHAIN OF CUSTODY RECORD	
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10212	'	Ÿ					Ī									×	Percent Me	oist	ure									

Sample Number (lab use only) 7247 7244 7295 7246 FOR DEHA 230501192/Flower FIT 2342 23051741 Flower F9 23H2 230509TOG Sample ID F9 23H2 230509ICC (as on container) Flower Flower Sample Type 51/27/2) 5124123 Date Collected 5/22/22 5/22/22 1.00 8:00 8:15 8:15 **Time Collected** 11.6 g 11.4 g Sample Size 14,19 11.5 Analyses Requested All items marked 'X' on CoC Record. For X*: Please calc 'dry weight potency' Same Same

19701



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	Registry Identification Card Number						
Ron Harrison	RIC16474						
Legal Name of Registration Certificate Holder, if applicable	Registration Certificate Number, if applicable						
Maine Organic Therapy DSP105							
SECTION 2: Receiving Patient or Register This section must be completed anytime marijuana or marijuana prod registered caregiver, registered dispensary, marijuana testing facility, one of its registered locations to a different registered location. This section must be completed by the transferring registrant.	*ant ucts for medical use are transported, including patient delivery and when a or manufacturing facility is transporting marijuana or marijuana products from						
Patient Identification Number/Medical Certification Number (DO NO							
	OR						
Legal Name	Registration Identification Card Number						
CatLab,LLC	MTF368						
Legal Name of Registration Certificate Holder, if applicable	Registration Certificate Number, if applicable						
SECTION 3: Description of Marijuana on For each item transported, provide the amount (weight or units), prod information of the marijuana or marijuana products.	• Marijuana Products Transported uct type (flower, wax, cartridges, etc.), and strain or other further identifying						
This section must be completed by the transferring registrant.							
11.4 g - FLOWER - IceCreamCake - 1 pkg 11.6 g	- FLOWER - TrueOG - 1 pkg						
11.5, - FLOWER- Meat Railz - log Ilily-1	FLOWER- Flectram Cahe- Inn						

CAT LAB

Start Date 5. 2.4 -2.3	Start Time	- 30	
Departure Address (Physical) 5 Drapeau St	City Biddeford	State ME	ZIP 04005
SECTION 5: Destination Informat			
Destination Address (Physical) 19 Levesque Drive	City	State ME	21P 03903
SECTION 6: Receiving Registration This form is incomplete without a signature by the receiving required.	on Signature and Ackn ng registrant listed in Section 2. If the p	owledgment berson listed in Section	of Receipt n 2 is a patient, no signa
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	on Signature and Ackn ng registrant listed in Section 2. If the p	Phone Numbe	n 2 is a patient, no signa
SECTION 6: Receiving Registration This form is incomplete without a signature by the receiving required. This section must be completed by the receiving registrant	on Signature and Ackn ng registrant listed in Section 2. If the p	Phone Number	n 2 is a patient, no signa r

W. T. C. M. M. R. W. C.

Sample Receipt Condition Report

CATLAB, LLC	01 1974
Samples Received Via: CATLAB Sampler/Cour	Cier Licensee / Certified Sampler
Custody Seals Present and Intact on Transport Col	ntainer: Ves No N/A Commenter
Custody seals Present and Intact on Sample Conta	ainers: Vas No N/A c
Type of submittal:MedicalAdult Use	Other Comments:
Descipt 7	eded, ice present? Y / N Ambient:

Samples Received				
	# of Samples	# of Containers	Notes:	
Flower	4	4		
Trim				
Pre-Roll				
nfused 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?		
Date/Time/ID on Samples Match COC?	W/N/NA	Comments:
Rushes Communicates to analyst in writing?	Y/N/MAD	Comments:
Sample tampered, manipulated, adulterated or contaminated?	Y/N/NA	Comments:
AUMP Sample size by Batch Size OK?	Y/N/MA	Comments:
Samples collected in the manner required by OMP?		
Transport Manifest Received?		
Samples Received in Metrc?	Y/N/NA	Comments:

Notes/Comments:

Initials/Date: F 5/24/23

Calculat Dry cercight Patencel Please

Client ID/Contact	Reviewer's Checkli	ist
Reporting Instructions Rushes Communicated Temp, Condition OK Sample ID/Date/Time Matrix TAT Correct		If Adult Use: Logged in Metrc Transfer Manifest If CATLAB Samples: Sampling Form Attestation Form
Correct Analyses	Initials: DPD-Date: 5/25	123

AUMP Confirmation of	Sample Size Received
----------------------	----------------------

Sample ID:	Amount Collected	Amount Rec'v	Sample ID:	Amount Collected	Amouni Rec'v
oompie ini					

AUMP Disposal Documentation

Sample ID	Amount Used	Amount Disposed	Total Amount	Initials	Date
					1.1
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211					
	-				
6					