



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

Certificate of Analysis

Client Name	Highbrow Industries LLC - Medical	License Number	CGR25535
Address	55 Topsham Fair Mall Rd, Topsham, ME 04086	Phone	
Order ID	2004	Sample Type	Concentrate
Sample ID	07353	Strain	HBFG6123
METRC Sample ID		Serving Mass (g)/ Package	/
Date Received	06/02/2023	Collected Sample Weight	1g
Date/Time of Collection	06/02/2023 10:00 AM	Collected By	Chris Moras
		Date Generated	06/06/2023

Summary of Results

Potency Profile	
<u>Cannabinoid</u>	<u>Result mg/g</u>
CBDV	< RL
THCV	6.05
CBDA	< RL
CBD	1.96
CBG	27.8
CBN	2.33
CBGA	1.27
CBC	14.2
exoTHC	< RL
Δ^9 -THC	719
Δ^8 THC	< RL
THCA	< RL
Total Cannabinoids %	77.3
Total CBD mg/g	1.96
Total THC mg/g	719
Total CBD %	0.196
Total THC %	71.9

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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Potency

Date Analyzed: 6/6/23
Instrument: UPLC CAT-0002/CAT-0151

Prep Date: 6/5/23
Method: SOP-QA-0016

Analyst: RW

Potency	Result %	Result (mg/g)	Result (mg/package)	RL (%)	RL (mg/g)
CBDV	< RL	< RL	N/A	0.0214	0.214
THCV	0.605	6.05	N/A	0.0214	0.214
CBDA	< RL	< RL	N/A	0.0214	0.214
CBD	0.196	1.96	N/A	0.0214	0.214
CBG	2.78	27.8	N/A	0.0214	0.214
CBN	0.233	2.33	N/A	0.0214	0.214
CBGA	0.127	1.27	N/A	0.0214	0.214
CBC	1.42	14.2	N/A	0.0214	0.214
exoTHC	< RL	< RL	N/A	0.0214	0.214
Δ9-THC	71.9	719	N/A	0.0214	0.214
Δ8THC	< RL	< RL	N/A	0.0214	0.214
THCA	< RL	< RL	N/A	0.0214	0.214

Deisy Peña-Romero Lab Director

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CATLAB, LLC

Email Address (for results):

Personal/Other:

Page ____ of ____

Cultivator or Mfg License or Reg Number:

[illegible]

Comments, special instructions, or temperature requirements: EXPEDITE POTENCY - (IF POSSIBLE)

Sample types: flower, wet/frozen flower, trim, concentrate, CO₂/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~~

amples collected by (print):

by (print): Chester M. Niles

signature:

Date:

Received in field by (print):

Signature:

Received at Lab by (print):

Signature: _____

Date:

Time:

Date:

Time:



OFFICE OF
MARIJUANA POLICY
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. For more information: <https://www.maine.gov/dafs/omp/medical-use/applications-forms>.

SECTION 1: Transferring Registrant

This section must be completed by the transferring registrant.

Legal Name Charles Doherty	Registry Identification Card Number CGR25535
Legal Name of Registration Certificate Holder, if applicable	Registration Certificate Number, if applicable

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
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.

See Attached Chain Of Custody Form(s)

SECTION 4: Departure Information

This section must be completed by the transferring registrant.

Start Date	Start Time
Departure Address (Physical) 55 Topsham Fair Mall Road	City Topsham
	State Maine
	ZIP 04086

SECTION 5: Destination Information

This section must be completed by the transferring registrant.

Destination Address (Physical) 19 Levesque Dr.	City Eliot	State Maine	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 SYDNEY NOYES	Email Address SYD.NOYES@GMAIL	Phone Number 978 997 8439
Date Received 6/2	Time Received 125	
Signature [Signature]		

Sample Receipt Condition Report

CATLAB, LLC

Order ID: 2004

Samples Received Via: ☒ CATLAB Sampler/Courier ☐ Licensee ☐ Certified Sampler

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: _____

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			
Trim			
Pre-Roll			
Infused Pre-Roll			
Retail Units			
Concentrate	<u>1</u>	<u>1</u>	<u>Rush Potency if possible please</u>
Infused Edibles			
Solid Batch			
Liquid Batch			

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

Initials/Date: 6/2/23

Notes/Comments:

Rush Pot if possible please

Reviewer's Checklist

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

If Adult Use:

- ☐ Logged in Metrc
- ☐ Transfer Manifest

If CATLAB Samples:

- ☐ Sampling Form
- ☐ Attestation Form

Initials: IC Date: 6-5-23