

# **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	2035	Strain	F17 23H2 230417CRE
Sample ID	07475	Serving Mass (g)/ Package	e /
METRC Sample ID		<b>Collected Sample Weight</b>	11.2g
Date Received	06/12/2023	Collected By	Thomas Begin
Date/Time of Collection	06/12/2023 09:30 AM	Date Generated	06/16/2023

**Summary of Results** 

Water Activity	Water Activity Profile						
All Results	Pass						
Filth and Foreign Mat	erials Screening						
All Results Pass							
Microbiological	Screening						
All Results Fail							
Moisture Scr	eening						
All Results Pass							
Heavy Metals S	creening						
All Results Pass							
Pesticides Screening							
All Results	Pass						

Potency Profile				
<u>Cannabinoid</u>	Result mg/g			
CBDV	< RL			
THCV	< RL			
CBDA	0.489			
CBD	< RL			
CBG	0.719			
CBN	< RL			
CBGA	4.46			
CBC	< RL			
exoTHC	< RL			
Δ9-THC	8.77			
Δ8THC	< RL			
ТНСА	253			
Total Cannabinoids %	26.7			
Total CBD mg/g	0.429			
Total THC mg/g	230			
Total CBD %	0.0429			
Total THC %	23.0			

### Summary of Results

Terpenes Profile				
<u> </u>	Result %			
α-Pinene	0.023			
Camphene	0.010			
β-Pinene	0.039			
β-myrcene	0.31			
δ3-carene	< RL			
α-Terpinene	< RL			
D-Limonene	0.22			
p-Cymene	< RL			
Eucalyptol	0.0074			
Ocimene	< RL			
y-Terpinene	< RL			
Terpinolene	0.0086			
Linalool	0.085			
lsopulegol	0.013			
Geraniol	0.077			
β-Caryophyllene	0.82			
α-Humulene	0.24			
cis-Nerolidol	0.19			
trans-Nerolidol	0.27			
Guaiol	0.088			
Caryophyllene Oxide	0.16			
α-Bisabolol	0.17			
Total Terpenes (%)	2.7			



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### Potency

Date Analyzed Instrument: UF	: 6/15/23 PLC CAT-0002/CAT-0151		<b>p Date:</b> 6/14/23 thod: SOP-QA-0016	Analyst: A	C
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	0.0489	0.489	N/A	0.0101	0.101
CBD	< RL	< RL	N/A	0.0101	0.101
CBG	0.0719	0.719	N/A	0.0101	0.101
CBN	< RL	< RL	N/A	0.0101	0.101
CBGA	0.446	4.46	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	0.877	8.77	N/A	0.0101	0.101
Δ8ΤΗΟ	< RL	< RL	N/A	0.0101	0.101
THCA	25.3	253	N/A	0.0101	0.101

Sample duplicate failure for THC, >20% RPD, caused by hot spot in flower matrix. Total THC RPD 6.8%.



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### Terpenes

Date Analyzed: 6/16/23 Instrument: CAT-0114	Prep Date: 6/15/23 Method: SOP QA-0032	Analyst: RW
Terpenes	Result (% weight)	RL (% weight)
α-Pinene	0.023	0.0050
Camphene	0.010	0.0050
β-Pinene	0.039	0.0050
β-myrcene	0.31	0.0050
δ3-carene	< RL	0.0050
α-Terpinene	< RL	0.0050
D-Limonene	0.22	0.0050
p-Cymene	< RL	0.0050
Eucalyptol	0.0074	0.0050
Ocimene	< RL	0.0050
y-Terpinene	< RL	0.0050
Terpinolene	0.0086	0.0050
Linalool	0.085	0.0050
lsopulegol	0.013	0.0050
Geraniol	0.077	0.025
β-Caryophyllene	0.82	0.0050
α-Humulene	0.24	0.0050
cis-Nerolidol	0.19	0.0054
trans-Nerolidol	0.27	0.0029
Guaiol	0.088	0.0050
Caryophyllene Oxide	0.16	0.0050
α-Bisabolol	0.17	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: 6/ Instrument: CAT-0	-		•	Date: 6/1 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 <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: 6/15/23 Instrument: CAT-0162	Prep Date: 6/14/23 Method: SOP QA-0040		•		
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).

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 chlorpyrifos, fenpyroximate, permethrins, spiromesifen, etoxazole, flonicamid, prallethrin), LCS (chlorpyrifos, cyfluthrin, etoxazole, fenpyroximate, flonicamid, hexythiazox, prallethrin, permethrins), and spiked matrix sample.



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### **Heavy Metals**

Date Analyzed: 6/15/23 Instrument: CAT-0093		Prep Date: 6/14/23 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: 6/13/23 Date Analyzed Bacteria: 6/14/23 Instrument: CAT-0140, CAT-0152 Prep Date Ecoli/SLM: 6/13/23 Date Analyzed Ecoli/SLM: 6/15/23 Method: SOP-QA-0028, SOP-QA-0038 Prep Date Yeast and Mold: 6/13/23 Date Analyzed Yeast and Mold: 6/16/23 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	490000	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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METRC Sample ID		<b>Collected Sample Weight</b>	11.2g
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Date/Time of Collection	06/12/2023 09:30 AM	Date Generated	06/16/2023

### **Filth and Foreign Materials**

Date Analyzed: 06/15/23 Instrument: Visual Inspection	Prep Date: 06/15/23 Method: SOP-QA-0018	Analys	<b>t:</b> 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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Date Received	06/12/2023	Collected By	Thomas Begin
Date/Time of Collection	06/12/2023 09:30 AM	Date Generated	06/16/2023

### Water Activity

Date Analyzed: 06/14/ Instrument: Rotronic C		Prep Date: 06/14/23 Method: SOP-QA-0012	<b>Analyst:</b> JG	/IG
Analyte	Finding (Aw)	RL (Aw)	Action Level (Aw)	Pass/Fail
Water Activity	0.55	0.11	0.65	Pass

### **Moisture Content**

Date Analyzed: 06/15/23 Instrument: Satorius CAT-0036	Prep Date: 06/15/23 Method: SOP-QA-0019	Analyst: JG
Analyte	Finding (%)	RL (%)
Moisture Content	< RL	6.0

Deisy Peña-Romero Lab Director

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	Signature: UMary (, 15-27) Date: 6/14/74	nas Begin, RIC16839	rotency analysis tests Δ-9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, Δ-8-THC	*** note of the serving size and serving size and servings per package information	*Sample types: flower, wet/frozen flower, trim, concentrate, CO2/solvent based concentrate, edible, capsule, tincture, or other
a v	Signature:	Received at Lab by (print):	Signature:	Received in field by (print):	re, or 'other'
	T	ADIA-DOMANO	Т		
	ime: 12:31 Pry	Date: 6/12/23	Ime:	Date:	

Please calculate dry weight potency.

Comments, special Instructions, or temperature requirements:

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							70176	7475	7-174	7473	e e	mple Nun ab use on		Phone:	Zip Code:	City, State:	Address:		CATLAB, LIC	Carlos Carlos	R.
							F7 23/12 230307PNT	FIT 73 HZ ZYCHITCRE	F7 23HZ 2307071345	FID 23HZ 2304103KS					207.815.3020 x4157	Biddeford ME 04005	5 Draneau St Suite 101		100 #112300	MTF368	Eliot, Maine 03903
									S	rs S	e o	Sample Type*		Cultivator o			Billing Addr	New Customer Information	Email Addr	Cultivator o	Report To:
											s	Date Collected		Cultivator or Mfg License or Reg Number: ACD863 (Adult Use)			Billing Address (if different):	er Informatio	Email Address (for results): cathryn.kloetzli@curaleaf.com	Cultivator or Mfg Name:	Cathryr
											h e	Time Collected	c	or Reg Num		, squie	nt):		ts): cathry	: Curaleaf	Cathryn Kloetzli, Chris Illes, Amanda Leach
											e t	Sample Size		ACD	סאר			la.leach	n.kloetzl	af	Chris Illes
											N/A	Serving Size**		ACD863 (Adult Us				amanda.leach@curaleaf.com	cathryn.kloetzli@curaleaf.con		, Amanda
											N/A	Servings per Package**	(222	ult Use)	diant			af.com	eaf.com		Leach
						I					×	Potency**	*		2		1			L	
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_	_	_	_								×	Microbiolo	gica	l Imp	ouri	ties		Analyses Requested	Personal/Other:	R&D:	Submital Type
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-		_		-15-								Aflatoxins/	Och	rato	xins	1		٩	1	Medical: X	
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-	$\downarrow$	_	4			L	_	1		2	×	Pesticides	-								
										2	×*	Percent Mo	oistu	re							

# CATLAB, LLC CHAIN OF CUSTODY RECORD

Page <u>1</u> of <u>1</u>

0rdw 2035

Sample Number (lab use onlv)	Sample ID (as on container)	Sample	Date	<b>Time Collected</b>	Sample	Analyses Requested
		The	Collected	>	azic	
しょしょ	F10 23H2 230410BKS	Flower	6/12/23	9:30	11.2 g	All items marked 'X' on CoC Record.
うらい	F7 23H2 230307BKS	Flower	6/10/02	0.30	2 1 2	Tor X . Frease care of y weight potenty
h( 1-1			C3 137 10	9.30	g c'tr	same
しょしら	F17 23H2 230417CRE V Flower	Flower	6/12/23	9:30	11.2 g	Same
2476	F7 23H2 230307PNT	Flower	6/12/23	9:30	11.5 g	Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
						Same
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# 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.

<b>SECTION 1: Transferring Registrant</b>		
This section must be completed by the transferring registrant.		
Ron Harrison	Registry Identification Card Number RIC16474	
Legal Name of Registration Certificate Holder, if applicable Maine Organic Therapy SECTION 2: Receiving Patient or Regis	Registration Certificate Number, if applicable DSP105	
1 nis section must be completed anytime marinana or marinana	roducts for medical use are transported, including patient delivery and when a ty, 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	
This section must be completed by the transferring registrant.	roduct type (flower, wax, cartridges, etc.), and strain or other further identifying	
22.7 g - FLOWER - BlueKush - 2 pkgs 11.5 g - F 11.2 g - FLOWER - Crescendo - 1 pkg	-LOWER - PeanutButterBreath - 1 pkg	

		CATLAB		
SECTION 4: Departure Information	ant.			
Start Date 6-12-23	Start Time 10	:00		
Departure Address (Physical) 5 Drapeau St	City Biddeford	State ME	ZIP 04005	
SECTION 5: Destination Informa This section must be completed by the transferring registr	tion			
Destination Address (Physical) 19 Levesque Drive	City	State ME	ZIP 03903	
SECTION 6: Receiving Registration This form is incomplete without a signature by the receiving required. This section must be completed by the receiving registrant	ng registrant listed in Section 2. If the j	owledgment person listed in Section	t <b>of Receipt</b> on 2 is a patient, no signat	
Printed Name of Receiving Registrant Email A	ddress	Phone Number Z-O	0-9950	
Date Received 6-12-23	Time Received 12:31 PM			
Signature				

. ·

# Sample Receipt Condition Report

CATLAB, LLC	Sample Receipt Condition Report	
Custody Seals Present ar Type of submittal:	CATLAB Sampler/Courier Licensee Certified Sampler d Intact on Transport Container: Yes No N/A Comments: d Intact on Sample Containers: Yes No N/A Comments: edicalAdult UseOther Comments: lumidity: If needed, ice present? Y/N Ambient:	-

			Samples Received	
	# of Samples	# of Containers	Notes:	
Flower	4	4	10123.	
Trim				
Pre-Roll				
nfused Pre-Roll				
Retail Units				
Concentrate				
Infused Edibles				
Solid Batch				
Liquid Batch		· · · · · · · · · · · · · · · · · · ·		

Proper Sample Containers/Enough Sample?	V/N/NA Com	mente
Analysis Marked on COC Match Bottles Rec'v?	M/N/NA Com	monte
Date/Time/ID on Samples Match COC?	YVN/NA Com	
Rusnes Communicates to analyst in writing?	VININA	
comple tampered, manipulated, adulterated or contaminated?	Y/N/NACom	monto
AUMP Sample size by Batch Size OK?	Y/N/NA Com	
Samples collected in the manner required by OMP?	Y/N/NA Com	ments:
Transport Manifest Received?	Y/ NA Com	ments:
Samples Received in Metrc?	Y/N/NA Com	ments:
/Comments:		Initials/Date: < ( ( ) () () )

Client ID/Contact	Reviewer's Checklist		
Reporting Instructions		If Adult Use:	
Rushes Communicated Temp, Condition OK		Logged in Metrc Transfer Manifest	
Sample ID/Date/Time		If CATLAB Samples:	
<u> </u>		Sampling Form	
TAT Correct Correct Analyses	Initials: F Date: 6/13/23	Attestation Form	

QSD-0002 REV3 jcs 092821