



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

Amended \*

## Certificate of Analysis

<b>Client Name</b>	Highbrow Industries LLC - Medical	<b>License Number</b>	CGR25535
<b>Address</b>	55 Topsham Fair Mall Rd, Topsham, ME 04086	<b>Phone</b>	
<b>Order ID</b>	2048	<b>Sample Type</b>	Concentrate CO <sub>2</sub> /Solvent
<b>Sample ID</b>	07523	<b>Strain</b>	Laurel Crest CBD Isolate
<b>METRC Sample ID</b>		<b>Serving Mass (g)/Package</b>	/
<b>Date Received</b>	06/15/2023	<b>Collected Sample Weight</b>	7.5g
<b>Date/Time of Collection</b>	06/13/2023 11:30 AM	<b>Collected By</b>	CharlesnNau
		<b>Date Generated</b>	06/22/2023

### Summary of Results

Microbiological Screening	
All Results	Pass
Heavy Metals Screening	
All Results	Pass
Residual Solvents Screening	
All Results	Pass
Pesticides Screening	
All Results	Pass

Potency Profile	
Cannabinoid	Result mg/g
CBDV	2.90
THCV	< RL
CBDA	< RL
CBD	876 *
CBG	< RL
CBN	< RL
CBGA	< RL
CBC	< RL
exoTHC	< RL
Δ9-THC	0.234
Δ8THC	< RL
THCA	< RL
<b>Total Cannabinoids %</b>	0.314
<b>Total CBD mg/g</b>	876 *
<b>Total THC mg/g</b>	0.234
<b>Total CBD %</b>	87.6 *
<b>Total THC %</b>	0.0234

\* CBD concentration amended by DPR 06/29/23

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### Potency

**Date Analyzed:** 06/22/23

**Prep Date:** 06/21/23

**Instrument:** UPLC CAT-0002/CAT-0151

**Method:** SOP-QA-0016

**Analyst:** AC

Potency	Result %	Result (mg/g)	Result (mg/package)	RL (%)	RL (mg/g)
CBDV	0.290	2.90	N/A	0.0214	0.214
THCV	< RL	< RL	N/A	0.0214	0.214
CBDA	< RL	< RL	N/A	0.0214	0.214
CBD	87.6 *	876 *	N/A	0.0214	0.214
CBG	0.0147	0.147	N/A	0.0214	0.214
CBN	< RL	< RL	N/A	0.0214	0.214
CBGA	< RL	< RL	N/A	0.0214	0.214
CBC	< RL	< RL	N/A	0.0214	0.214
exoTHC	< RL	< RL	N/A	0.0214	0.214
Δ9-THC	0.0234	0.234	N/A	0.0214	0.214
Δ8THC	< RL	< RL	N/A	0.0214	0.214
THCA	< RL	< RL	N/A	0.0214	0.214

CRM Failure for CBD, 65%. Flag required.

\* CBD concentration amended by DPR 06/29/23

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### Residual Solvents

**Date Analyzed:** 6/19/23  
**Instrument:** CAT-0156

**Prep Date:** 6/16/23  
**Method:** SOP QA-0036

**Analyst:** LCH

Analyte	Result (PPM)	RL (PPM)	Action Limit (PPM)	Pass/Fail
Acetone	< RL	600	5000	Pass
Acetonitrile	< RL	289	410	Pass
Butanes	< RL	695	5000	Pass
Ethanol	< RL	699	5000	Pass
Ethyl acetate	< RL	660	5000	Pass
Ethyl ether	< RL	597	5000	Pass
Heptanes	< RL	613	5000	Pass
Hexane	< RL	263	290	Pass
Isopropyl alcohol	< RL	723	5000	Pass
Methanol	< RL	697	3000	Pass
Pentane	< RL	665	5000	Pass
Propane	< RL	957	5000	Pass
Toluene	< RL	660	890	Pass
m,p-Xylenes	< RL	337	2170*	Pass
o-Xylenes	< RL	342	2170*	Pass
1,2-Dichloroethane	< RL	1.00	1	Pass
Benzene	< RL	1.00	1	Pass
Chloroform	< RL	1.00	1	Pass
Ethylene oxide	< RL	1.00	1	Pass
Methylene chloride	< RL	1.00	1	Pass
Trichloroethylene	< RL	0.900	1	Pass

Note: QC presented analytes outside criteria in a CCV (high bias for propane, butane, ethyl ether, hexane, and heptane) and LCS (ethylene oxide and hexane).

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### Pesticides

**Date Analyzed:** 6/19/23  
**Instrument:** CAT-0162

**Prep Date:** 6/16/23  
**Method:** SOP QA-0040

**Analyst:** 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:** 6/19/23  
**Instrument:** CAT-0162

**Prep Date:** 6/16/23  
**Method:** SOP 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 <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).
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 CCV, LCS (acequinocyl, chlorfenapyr, prallethrin, pyridaben), and spiked matrix sample.

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### Heavy Metals

**Date Analyzed:** 6/15/23  
**Instrument:** CAT-0093

**Prep Date:** 6/15/23  
**Method:** SOP-QA-0030

**Analyst:** ITG

Metals	Result (ug/kg)	RL (ug/kg)	Action Level (ug/kg)	Pass/Fail
Arsenic	< RL	53.5	200	Pass
Cadmium	< RL	26.6	200	Pass
Lead	< RL	27.6	500	Pass
Mercury	< RL	2.42	100	Pass

### Microbial Analysis

**Prep Date Bacteria:** 6/15/23  
**Date Analyzed Bacteria:** 6/16/23  
**Instrument:** CAT-0140, CAT-0152

**Prep Date Ecoli/SLM:** 6/15/23  
**Date Analyzed Ecoli/SLM:** 6/16/23  
**Method:** SOP-QA-0028, SOP-QA-0038

**Prep Date Yeast and Mold:** 6/16/23  
**Date Analyzed Yeast and Mold:** 6/19/23  
**Analyst:** KW

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	< RL	100	10,000	Pass
Total Yeast/Mold	< RL	100	1,000	Pass
Total Enterobacter	<100	10	100	Pass
Total Coliform	<100	10	100	Pass
Escherichia Coli (E. Coli)	< RL	1	1	Pass
Salmonella spp	< RL	1	1	Pass

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Deisy Peña-Romero Lab Director



Order 2098  
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CAILAB, LLC

<b>Report To:</b> Highbrow Industries
<b>Cultivator or Mfg Name:</b> Laurel Crest
<b>Email Address (for results):</b> charlesnau@highbrowmaine.com

**Submittal Type**

Adult Use: \_\_\_\_\_ R&D: \_\_\_\_\_ Medical: Medical

Personal/Other: \_\_\_\_\_

### Analyses Requested

Billing Address (if different):

**Zip Code:**

Cultivator or Mfg License or Reg Number: Laurelcrest Labs

[illegible]

Comments, special instructions, or temperature requirements:

\*Sample types: flower, wet/frozen flower, trim, concentrate, CO<sub>2</sub>/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  $\Delta$ -9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC,  $\Delta$ -8-THC

**Samples collected by (print):** Charles Nau

Signature:  Signed at: 2023-08-13 14:14

Date: 06/13/2023

Signed at:  
2023-06-13 11:07:01

Received in field by (print):	Date:
Signature:	Time:
Received at Lab by (print):	Date:
Signature:	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

06/13/2023

Start Time

1:45 pm

Departure Address (Physical)

55 Topsham Fair Mall Rd.

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

### 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

Email Address

Phone Number

Date Received

Time Received

Signature

CATLAB, LLC

## Sample Receipt Condition Report

Order ID: 2048Samples Received Via: ☒ CATLAB Sampler/Courier ☐ Licensee ☐ Certified SamplerCustody 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	1	5	
Infused Edibles			
Solid Batch			
Liquid Batch			

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

Notes/Comments:

Initials/Date: IG 6-15-23

Reviewer's Checklist	
<input checked="" type="checkbox"/> Client ID/Contact	If Adult Use:
<input checked="" type="checkbox"/> Reporting Instructions	
<input checked="" type="checkbox"/> Rushes Communicated	<input type="checkbox"/> Logged in Metric
<input checked="" type="checkbox"/> Temp, Condition OK	<input type="checkbox"/> Transfer Manifest
<input checked="" type="checkbox"/> Sample ID/Date/Time	If CATLAB Samples:
<input checked="" type="checkbox"/> Matrix	<input type="checkbox"/> Sampling Form
<input checked="" type="checkbox"/> TAT Correct	<input type="checkbox"/> Attestation Form
<input checked="" type="checkbox"/> Correct Analyses	
Initials: <u>IG</u> Date: _____	