



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	2119	Sample Type	Dried Flower
Sample ID	07775	Strain	Hazin Co. GMO x Lava cake
METRC Sample ID		Serving Mass (g)/ Package	/
Date Received	07/07/2023	Collected Sample Weight	3.77g
Date/Time of Collection	07/07/2023 11:08 AM	Collected By	Highbrow
		Date Generated	07/14/2023

Summary of Results

Microbiological Screening

All Results	Pass
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Heavy Metals Screening

All Results	Pass
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Heavy Metals

Date Analyzed: 7/13/23
Instrument: CAT-0093

Prep Date: 7/11/23
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: 7/10/23
Date Analyzed Bacteria: 7/11/23
Instrument: CAT-0140, CAT-0152

Prep Date Ecoli/SLM: 7/10/23
Date Analyzed Ecoli/SLM: 7/11/23
Method: SOP-QA-0028, SOP-QA-0038

Prep Date Yeast and Mold: 7/10/23
Date Analyzed Yeast and Mold: 7/13/23
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	< RL	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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Deisy Peña-Romero Lab Director



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Client Name	Highbrow Industries LLC - Medical	License Number	CGR25535
Address	55 Topsham Fair Mall Rd, Topsham, ME 04086	Phone	
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Sample ID	07776	Strain	Hazin Co. Florida Snow
METRC Sample ID		Serving Mass (g)/ Package	/
Date Received	07/07/2023	Collected Sample Weight	3.77g
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Sample ID	07777	Strain	Hazin Co Trop Runtz
METRC Sample ID		Serving Mass (g)/ Package	/
Date Received	07/07/2023	Collected Sample Weight	4g
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Summary of Results

Microbiological Screening

All Results	Pass
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Heavy Metals Screening

All Results	Pass
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Pesticides Screening

All Results	Pass
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Pesticides

Date Analyzed: 7/14/23
Instrument: CAT-0162

Prep Date: 7/13/23
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 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: 7/14/23
Instrument: CAT-0162

Prep Date: 7/13/23
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 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 piperonyl butoxide), LCS (cyfluthrin, dichlorvos, prallethrin), and spiked matrix sample.

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Heavy Metals

Date Analyzed: 7/13/23
Instrument: CAT-0093

Prep Date: 7/12/23
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

The RPD for Cadmium was outside of method criteria in the sample duplicate.

Microbial Analysis

Prep Date Bacteria: 7/10/23

Date Analyzed Bacteria: 7/11/23

Instrument: CAT-0140, CAT-0152

Prep Date Ecoli/SLM: 7/10/23

Date Analyzed Ecoli/SLM: 7/11/23

Method: SOP-QA-0028, SOP-QA-0038

Prep Date Yeast and Mold: 7/10/23

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Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	< RL	100	100,000	Pass
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Total Yeast/Mold	590	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
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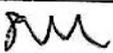
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Maine Medical Use of Marijuana Program Trip Ticket

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. 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 07/07/2023		Start Time 12:30 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 SYDNEY NGYES		Email Address	Phone Number
Date Received 7/7		Time Received 1:00	
Signature 			

CATLAB, LLC

Sample Receipt Condition Report

Order ID: 7119

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	<u>3</u>	<u>3</u>	
Trim			
Pre-Roll			
Infused Pre-Roll			
Retail Units			
Concentrate			
Infused Edibles			
Solid Batch			
Liquid Batch			

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

Notes/Comments: _____

Initials/Date: EB 7/1/23

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: <u>7/10/23</u>	