



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

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	
Order ID	2119	Sample Type	Dried Flower
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
Date/Time of Collection	07/07/2023 11:10 AM	Collected By	Highbrow
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All Results

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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

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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

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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
Date Analyzed Yeast and Mold: 7/13/23
Analyst: KW

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
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Total Yeast/Mold	210	100	10,000	Pass
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Sample ID	07778	Strain	Hazin Co sugar Cane
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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
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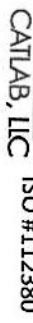
Certificate of Analysis

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	07778	Strain	Hazin Co sugar Cane
METRC Sample ID		Serving Mass (g)/ Package	/
Date Received	07/07/2023	Collected Sample Weight	3.81g
Date/Time of Collection	07/07/2023 11:13 AM	Collected By	Highbrow
		Date Generated	07/14/2023

Deisy Peña-Romero Lab Director

Order
2119

Page ____ of ____



19 Levesque Drive
Eliot, Maine 03903
207-200-9950
MTF368
ISO #112380

Report To: Highbrow Industries
Cultivator or Mfg Name: Hazin' Co. Cannabis
Email Address (for results): charlesnau@highbrowmaine.com

Submittal Type

Adult Use: _____ R&D: _____ Medical: _____

Personal/Other: _____

Address: _____ **Billing Address (if different):** _____

City, State: 55 Topsham Fair Mall Rd.

Zip Code:

Phone: (207) 837-9094

Cultivator or Mfg License or Reg Number: CGR28479

[illegible]


Comments, special instructions, or temperature requirements:

*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

Samples collected by (print): Highbrow Industries

Signature:  Signed at: 2023-07-07 11:19:34

Date: 07/07/2023

Received in field by (print):	Date: 7/17
Signature:	Time: 160
Received at Lab by (print):	Date: 7/17/27
Signature:	Time: 15:30

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

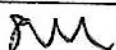
Date Received

7/7

Time Received

1:00

Signature



CATLAB, LLC

Sample Receipt Condition Report

Order ID: 2119

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	3	3	
Trim			
Pre-Roll			
Infused 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'd?	Y / N / NA	Comments:
Date/Time/ID on Samples Match COC?	Y / N / NA	Comments:
Rushes Communicates to analyst in writing?	Y / N / NA	Comments:
Sample tampered, manipulated, adulterated or contaminated?	Y / N / NA	Comments:
AUMP Sample size by Batch Size OK?	Y / N / NA	Comments:
Samples collected in the manner required by OMP?	Y / N / NA	Comments:
Transport Manifest Received?	Y / N / NA	Comments:
Samples Received in Metric?	Y / N / NA	Comments:

Notes/Comments:

Initials/Date: CB 7/1/23

<p><u>✓</u> Client ID/Contact</p> <p><u>✓</u> Reporting Instructions</p> <p><u>✓</u> Rushes Communicated</p> <p><u>✓</u> Temp, Condition OK</p> <p><u>✓</u> Sample ID/Date/Time</p> <p><u>✓</u> Matrix</p> <p><u>✓</u> TAT Correct</p> <p><u>✓</u> Correct Analyses</p>		<p>Reviewer's Checklist</p> <p>If Adult Use:</p> <p><u> </u> Logged in Metric</p> <p><u> </u> Transfer Manifest</p> <p>If CATLAB Samples:</p> <p><u> </u> Sampling Form</p> <p><u> </u> Attestation Form</p>
Initials: <u>IG</u> Date: <u>7/1/23</u>		