



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	2128	Sample Type	Dried Flower
Sample ID	07805	Strain	Highbrow Miracle Alien Cookies
METRC Sample ID		Serving Mass (g)/ Package	/
Date Received	07/11/2023	Collected Sample Weight	1g
Date/Time of Collection	07/11/2023 08:00 AM	Collected By	Highbrow
		Date Generated	07/17/2023

Summary of Results

Microbiological Screening

All Results

Pass

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Microbial Analysis

Prep Date Bacteria: 7/12/23	Prep Date Ecoli/SLM: 7/12/23	Prep Date Yeast and Mold: 7/14/23
Date Analyzed Bacteria: 7/13/23	Date Analyzed Ecoli/SLM: 7/13/23	Date Analyzed Yeast and Mold: 7/17/23
Instrument: CAT-0140, CAT-0152	Method: SOP-QA-0028, SOP-QA-0038	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	570	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

1 g per sample received for all samples, therefore, 0.5 g was used for both yeast & mold, and bacteria tests.

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	2128	Sample Type	Dried Flower
Sample ID	07806	Strain	Highbrow Sour Strawberry Pie
METRC Sample ID		Serving Mass (g)/ Package	/
Date Received	07/11/2023	Collected Sample Weight	1g
Date/Time of Collection	07/11/2023 08:00 AM	Collected By	Highbrow
		Date Generated	07/17/2023

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Sample ID	07806	Strain	Highbrow Sour Strawberry Pie
METRC Sample ID		Serving Mass (g)/Package	/
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Microbial Analysis

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Date Analyzed Bacteria: 7/13/23	Date Analyzed Ecoli/SLM: 7/13/23	Date Analyzed Yeast and Mold: 7/17/23
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Total Aerobic	< RL	100	100,000	Pass
Total Yeast/Mold	100	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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Address	55 Topsham Fair Mall Rd, Topsham, ME 04086	Phone	
Order ID	2128	Sample Type	Dried Flower
Sample ID	07807	Strain	Highbrow Grape Dosi
METRC Sample ID		Serving Mass (g)/ Package	/
Date Received	07/11/2023	Collected Sample Weight	1g
Date/Time of Collection	07/11/2023 08:00 AM	Collected By	Highbrow
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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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Address	55 Topsham Fair Mall Rd, Topsham, ME 04086	Phone	
Order ID	2128	Sample Type	Dried Flower
Sample ID	07808	Strain	Highbrow Charlottes Gift
METRC Sample ID		Serving Mass (g)/ Package	/
Date Received	07/11/2023	Collected Sample Weight	1g
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Total Aerobic	< RL	100	100,000	Pass
Total Yeast/Mold	210	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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Sample ID	07809	Strain	Highbrow Galactic Punch
METRC Sample ID		Serving Mass (g)/ Package	/
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Sample ID	07810	Strain	Highbrow Grapefruit Web
METRC Sample ID		Serving Mass (g)/ Package	/
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Sample ID	07811	Strain	Highbrow Honey Badger Haze
METRC Sample ID		Serving Mass (g)/ Package	/
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METRC Sample ID		Serving Mass (g)/ Package	/
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Address	55 Topsham Fair Mall Rd, Topsham, ME 04086	Phone	
Order ID	2128	Sample Type	Dried Flower
Sample ID	07812	Strain	Highbrow Tripoli Wicked x Clementine
METRC Sample ID		Serving Mass (g)/ Package	/
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Total Yeast/Mold	TNTC	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

1 g per sample received for all samples, therefore, 0.5 g was used for both yeast & mold, and bacteria tests.

Deisy Peña-Romero Lab Director



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	2128	Sample Type	Dried Flower
Sample ID	07813	Strain	Highbrow Garlic Breath
METRC Sample ID		Serving Mass (g)/ Package	/
Date Received	07/11/2023	Collected Sample Weight	1g
Date/Time of Collection	07/11/2023 08:00 AM	Collected By	Highbrow
		Date Generated	07/17/2023

Summary of Results

Microbiological Screening

All Results

Pass

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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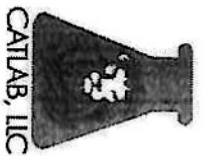
Microbial Analysis

Prep Date Bacteria: 7/12/23	Prep Date Ecoli/SLM: 7/12/23	Prep Date Yeast and Mold: 7/14/23
Date Analyzed Bacteria: 7/13/23	Date Analyzed Ecoli/SLM: 7/13/23	Date Analyzed Yeast and Mold: 7/17/23
Instrument: CAT-0140, CAT-0152	Method: SOP-QA-0028, SOP-QA-0038	Analyst: KW

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	100	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

1 g per sample received for all samples, therefore, 0.5 g was used for both yeast & mold, and bacteria tests.

Deisy Peña-Romero Lab Director



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

CATLAB, LLC CHAIN OF CUSTODY RECORD

Order 2128

Page ____ of ____

Report To: Pamela Hulyn

Cultivator or Mfg Name: Highbrow

Email Address (for results): pam@highbrowmaine.com

Submital Type

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

Personal/Other: _____

New Customer Information

Address:

City, State: 55 Topsham Fair Mail Rd.

Zip Code:

Phone: (207) 402-8067

Billing Address (if different):

14 main st brunswick

Cultivator or Mfg License or Reg Number: CGR25499

Analyses Requested

Sample Number (lab use only)	Sample Identification (as found on container)	Sample Type *	Date Collected	Time Collected	Sample Size	Serving Size **	Servings per Package **	Potency ***	Homogeneity	Terpene Profile	Residual Solvents	Filth and Foreign Material	Microbiological Impurities	Water Activity	Aflatoxins/Ochratoxins	Metals	Pesticides	Percent Moisture
7905	Highbrow Miracle Alien Cookies	Flower	07-11-2023	08:00 am	1g													
7806	Highbrow Sour Strawberry Pie	Flower	07-11-2023	08:00 am	1g													
7807	Highbrow Grape Dosi	Flower	07-11-2023	08:00 am														
7808	Highbrow Charlottes Gift	Flower	07-11-2023	08:00 am	1g													
7809	Highbrow Galactic Punch	Flower	07-11-2023	08:00 am	1g													
7810	Highbrow Grapefruit Web	Flower	07-11-2023	08:00 am	1g													
7811	Highbrow Honey Badger Haze	Flower	07-11-2023	08:00 am	1g													
7812	Highbrow Tripoli Wicked X...	Flower	07-11-2023	08:00 am	1g													
7813	Highbrow Garlic Breath		07-11-2023	08:00 am	1g													

Comments, special instructions, or temperature requirements:

Med Samples all for Microbiological

Please reach out with any questions

Pamela Hulyn

207-402-8067

*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 A-9-THC, THCA, CBD, CBG, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC, A-8-THC

Samples collected by (print): Highbrow

Signature: Signed at: 2023-07-11 13:04:22

Date: 07/11/2023

Received in field by (print):

Signature: *W*

Date: 7/11

Time: 10:06

Received at Lab by (print):

Signature: *Jan Guitte*

Date: 7/11/23

Time: 16:05

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

Highbrow Industries

Registration Identification Card Number

DSP154

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 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)

141 Leeman Highway

City

Bath

State

Maine

ZIP

04530

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

Sidney Naves

Email Address

Phone Number

Date Received

7/11

Time Received

1:00

Signature



CATLAB, LLC

Sample Receipt Condition Report

Order ID: 2128Samples 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	<u>10</u>	<u>10</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: JS 7/11/23

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

Reviewer's Checklist

If Adult Use:

- ☐ Logged in Metric
- ☐ Transfer Manifest

If CATLAB Samples:

- ☐ Sampling Form
- ☐ Attestation Form

Initials: IL Date: 7/13/23