



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	2131	Sample Type	Concentrate CO ₂ /Solvent
Sample ID	07822	Strain	HH071123
METRC Sample ID		Serving Mass (g)/Package	/
Date Received	07/12/2023	Collected Sample Weight	3g
Date/Time of Collection	07/12/2023 09:00 AM	Collected By	Highbrow
		Date Generated	07/19/2023

Summary of Results

Microbiological Screening	
All Results	Pass

Heavy Metals Screening	
All Results	Pass

Pesticides Screening	
All Results	Pass

Potency Profile	
Cannabinoid	Result mg/g
CBDV	< RL
THCV	3.91
CBDA	< RL
CBD	1.31
CBG	13.1
CBN	1.95
CBGA	0.978
CBC	7.03
exoTHC	< RL
Δ9-THC	656
Δ8THC	0.273
THCA	28.2
Total Cannabinoids %	71.2
Total CBD mg/g	1.31
Total THC mg/g	680
Total CBD %	0.131
Total THC %	68.0

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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Potency

Date Analyzed: 07/13/23
Instrument: UPLC CAT-0002/CAT-0151

Prep Date: 07/12/23
Method: SOP-QA-0016

Analyst: KB

Potency	Result %	Result (mg/g)	Result (mg/package)	RL (%)	RL (mg/g)
CBDV	< RL	< RL	N/A	0.0214	0.214
THCV	0.391	3.91	N/A	0.0214	0.214
CBDA	< RL	< RL	N/A	0.0214	0.214
CBD	0.131	1.31	N/A	0.0214	0.214
CBG	1.31	13.1	N/A	0.0214	0.214
CBN	0.195	1.95	N/A	0.0214	0.214
CBGA	0.0978	0.978	N/A	0.0214	0.214
CBC	0.703	7.03	N/A	0.0214	0.214
exoTHC	< RL	< RL	N/A	0.0214	0.214
Δ9-THC	65.6	656	N/A	0.0214	0.214
Δ8THC	0.0273	0.273	N/A	0.0214	0.214
THCA	2.82	28.2	N/A	0.0214	0.214

LCS Failure for CBD, and THC. CRM Failure for all analytes. SD Failure for CBDA. SMB Failure.

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Pesticides

Date Analyzed: 07/19/23
Instrument: CAT-0162

Prep Date: 07/18/23
Method: SOP QA-0040

Analyst: AC

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: 07/19/23
Instrument: CAT-0162

Prep Date: 07/18/23
Method: SOP QA-0040

Analyst: AC

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 presented analytes outside criteria in CCVs (including low bias for Bifenthrin in one CCV), LCS, and Spiked matrix Sample. This data has been reported despite CCV failure for bifenthrin because all associated samples were above the maximum regulatory limit. The low bias resulted in values above the maximum regulatory limit, therefore without the bias these samples would still quantitate above the limit.

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Heavy Metals

Date Analyzed: 7/19/23
Instrument: CAT-0093

Prep Date: 7/18/23
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:
Date Analyzed Bacteria:
Instrument: CAT-0140, CAT-0152

Prep Date Ecoli/SLM:
Date Analyzed Ecoli/SLM:
Method: SOP-QA-0028, SOP-QA-0038

Prep Date Yeast and Mold: 7/14/23
Date Analyzed Yeast and Mold: 7/17/23
Analyst: KW

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

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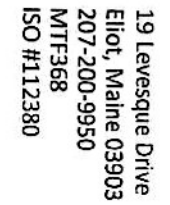
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Deisy Peña-Romero Lab Director

Order 2/13/

of



Submital Type

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

Personal/Other: _____

Analyses Requested

[illegible][illegible]

★

****For edibles, tinctures, and capsules please include serving size and servings per package information**


Signature: 

Received at Lab by (print):

Signature:

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		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) 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 NOYES		Email Address	Phone Number
Date Received 7/12		Time Received 1234	
Signature 			

CATLAB, LLC

Sample Receipt Condition Report

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			
Trim			
Pre-Roll			
Infused Pre-Roll			
Retail Units			
Concentrate	1	3	Rush Potency Please
Infused Edibles			
Solid Batch			
Liquid Batch			

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

Notes/Comments:

Initials/Date: JK 7/12/23

Reviewer's Checklist	
<input checked="" type="checkbox"/> Client ID/Contact	If Adult Use: <input type="checkbox"/> Logged in Metric <input type="checkbox"/> Transfer Manifest
<input checked="" type="checkbox"/> Reporting Instructions	
<input checked="" type="checkbox"/> Rushes Communicated	If CATLAB Samples: <input type="checkbox"/> Sampling Form <input type="checkbox"/> Attestation Form
<input checked="" type="checkbox"/> Temp, Condition OK	
<input checked="" type="checkbox"/> Sample ID/Date/Time	
<input checked="" type="checkbox"/> Matrix	
<input checked="" type="checkbox"/> TAT Correct	
<input checked="" type="checkbox"/> Correct Analyses	
Initials: <u>JK</u> Date: <u>7/13/23</u>	