



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

## 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>	2145	<b>Sample Type</b>	Dried Flower
<b>Sample ID</b>	07870	<b>Strain</b>	Huckleberry Kush
<b>METRC Sample ID</b>		<b>Serving Mass (g)/ Package</b>	/
<b>Date Received</b>	07/18/2023	<b>Collected Sample Weight</b>	1.5g
<b>Date/Time of Collection</b>	07/18/2023 10:00 AM	<b>Collected By</b>	Highbrow
		<b>Date Generated</b>	07/25/2023

### Summary of Results

#### Microbiological Screening

All Results

Fail

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<b>Order ID</b>	2145	<b>Sample Type</b>	Dried Flower
<b>Sample ID</b>	07870	<b>Strain</b>	Huckleberry Kush
<b>METRC Sample ID</b>		<b>Serving Mass (g)/ Package</b>	/
<b>Date Received</b>	07/18/2023	<b>Collected Sample Weight</b>	1.5g
<b>Date/Time of Collection</b>	07/18/2023 10:00 AM	<b>Collected By</b>	Highbrow
		<b>Date Generated</b>	07/25/2023

### Microbial Analysis

<b>Prep Date Bacteria:</b> 7/19/23	<b>Prep Date Ecoli/SLM:</b> 7/19/23	<b>Prep Date Yeast and Mold:</b> 7/19/23
<b>Date Analyzed Bacteria:</b> 7/20/23	<b>Date Analyzed Ecoli/SLM:</b> 7/20/23	<b>Date Analyzed Yeast and Mold:</b> 7/22/23
<b>Instrument:</b> CAT-0140, CAT-0152	<b>Method:</b> SOP-QA-0028, SOP-QA-0038	<b>Analyst:</b> KW

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	< RL	100	100,000	Pass
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

Deisy Peña-Romero Lab Director

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<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>	2145	<b>Sample Type</b>	Dried Flower
<b>Sample ID</b>	07871	<b>Strain</b>	Clementine
<b>METRC Sample ID</b>		<b>Serving Mass (g)/ Package</b>	/
<b>Date Received</b>	07/18/2023	<b>Collected Sample Weight</b>	1.51g
<b>Date/Time of Collection</b>	07/18/2023 09:56 AM	<b>Collected By</b>	Highbrow
		<b>Date Generated</b>	07/25/2023

### Summary of Results

#### Microbiological Screening

All Results

Pass

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<b>Order ID</b>	2145	<b>Sample Type</b>	Dried Flower
<b>Sample ID</b>	07871	<b>Strain</b>	Clementine
<b>METRC Sample ID</b>		<b>Serving Mass (g)/ Package</b>	/
<b>Date Received</b>	07/18/2023	<b>Collected Sample Weight</b>	1.51g
<b>Date/Time of Collection</b>	07/18/2023 09:56 AM	<b>Collected By</b>	Highbrow
		<b>Date Generated</b>	07/25/2023

### Microbial Analysis

<b>Prep Date Bacteria:</b> 7/19/23	<b>Prep Date Ecoli/SLM:</b> 7/19/23	<b>Prep Date Yeast and Mold:</b> 7/19/23
<b>Date Analyzed Bacteria:</b> 7/20/23	<b>Date Analyzed Ecoli/SLM:</b> 7/20/23	<b>Date Analyzed Yeast and Mold:</b> 7/22/23
<b>Instrument:</b> CAT-0140, CAT-0152	<b>Method:</b> SOP-QA-0028, SOP-QA-0038	<b>Analyst:</b> KW

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	< RL	100	100,000	Pass
Total Yeast/Mold	5000	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

Deisy Peña-Romero Lab Director

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<b>Address</b>	55 Topsham Fair Mall Rd, Topsham, ME 04086	<b>Phone</b>	
<b>Order ID</b>	2145	<b>Sample Type</b>	Dried Flower
<b>Sample ID</b>	07872	<b>Strain</b>	Key Lime Pie
<b>METRC Sample ID</b>		<b>Serving Mass (g)/ Package</b>	/
<b>Date Received</b>	07/18/2023	<b>Collected Sample Weight</b>	1.58g
<b>Date/Time of Collection</b>	07/18/2023 09:51 AM	<b>Collected By</b>	Highbrow
		<b>Date Generated</b>	07/25/2023

### Summary of Results

#### Microbiological Screening

All Results

Pass

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<b>Order ID</b>	2145	<b>Sample Type</b>	Dried Flower
<b>Sample ID</b>	07872	<b>Strain</b>	Key Lime Pie
<b>METRC Sample ID</b>		<b>Serving Mass (g)/ Package</b>	/
<b>Date Received</b>	07/18/2023	<b>Collected Sample Weight</b>	1.58g
<b>Date/Time of Collection</b>	07/18/2023 09:51 AM	<b>Collected By</b>	Highbrow
		<b>Date Generated</b>	07/25/2023

### Microbial Analysis

<b>Prep Date Bacteria:</b> 7/19/23	<b>Prep Date Ecoli/SLM:</b> 7/19/23	<b>Prep Date Yeast and Mold:</b> 7/19/23
<b>Date Analyzed Bacteria:</b> 7/20/23	<b>Date Analyzed Ecoli/SLM:</b> 7/20/23	<b>Date Analyzed Yeast and Mold:</b> 7/22/23
<b>Instrument:</b> CAT-0140, CAT-0152	<b>Method:</b> SOP-QA-0028, SOP-QA-0038	<b>Analyst:</b> KW

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	< RL	100	100,000	Pass
Total Yeast/Mold	4400	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

Deisy Peña-Romero Lab Director

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<b>Order ID</b>	2145	<b>Sample Type</b>	Dried Flower
<b>Sample ID</b>	07873	<b>Strain</b>	Moose & Lobster #5
<b>METRC Sample ID</b>		<b>Serving Mass (g)/Package</b>	/
<b>Date Received</b>	07/18/2023	<b>Collected Sample Weight</b>	1.62g
<b>Date/Time of Collection</b>	07/18/2023 09:46 AM	<b>Collected By</b>	Highbrow
		<b>Date Generated</b>	07/25/2023

### Summary of Results

#### Microbiological Screening

All Results

Fail

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<b>Order ID</b>	2145	<b>Sample Type</b>	Dried Flower
<b>Sample ID</b>	07873	<b>Strain</b>	Moose & Lobster #5
<b>METRC Sample ID</b>		<b>Serving Mass (g)/Package</b>	/
<b>Date Received</b>	07/18/2023	<b>Collected Sample Weight</b>	1.62g
<b>Date/Time of Collection</b>	07/18/2023 09:46 AM	<b>Collected By</b>	Highbrow
		<b>Date Generated</b>	07/25/2023

### Microbial Analysis

<b>Prep Date Bacteria:</b> 7/19/23	<b>Prep Date Ecoli/SLM:</b> 7/19/23	<b>Prep Date Yeast and Mold:</b> 7/19/23
<b>Date Analyzed Bacteria:</b> 7/20/23	<b>Date Analyzed Ecoli/SLM:</b> 7/20/23	<b>Date Analyzed Yeast and Mold:</b> 7/22/23
<b>Instrument:</b> CAT-0140, CAT-0152	<b>Method:</b> SOP-QA-0028, SOP-QA-0038	<b>Analyst:</b> KW

Contaminants	Result (CFU/g)	RL (CFU/g)	Action Level (CFU/g)	Pass/Fail
Total Aerobic	< RL	100	100,000	Pass
Total Yeast/Mold	22000	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

Deisy Peña-Romero Lab Director

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<b>Order ID</b>	2145	<b>Sample Type</b>	Dried Flower
<b>Sample ID</b>	07874	<b>Strain</b>	SS Blue Magoo #4
<b>METRC Sample ID</b>		<b>Serving Mass (g)/ Package</b>	/
<b>Date Received</b>	07/18/2023	<b>Collected Sample Weight</b>	1.53g
<b>Date/Time of Collection</b>	07/18/2023 09:42 AM	<b>Collected By</b>	Highbrow
		<b>Date Generated</b>	07/25/2023

### Summary of Results

#### Microbiological Screening

All Results

Pass

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<b>Order ID</b>	2145	<b>Sample Type</b>	Dried Flower
<b>Sample ID</b>	07874	<b>Strain</b>	SS Blue Magoo #4
<b>METRC Sample ID</b>		<b>Serving Mass (g)/ Package</b>	/
<b>Date Received</b>	07/18/2023	<b>Collected Sample Weight</b>	1.53g
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<b>Date Analyzed Bacteria:</b> 7/21/23	<b>Date Analyzed Ecoli/SLM:</b> 7/21/23	<b>Date Analyzed Yeast and Mold:</b> 7/24/23
<b>Instrument:</b> CAT-0140, CAT-0152	<b>Method:</b> SOP-QA-0028, SOP-QA-0038	<b>Analyst:</b> KW

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

Deisy Peña-Romero Lab Director

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

CATLAB, LLC

## CATLAB, LLC CHAIN OF CUSTODY RECORD

5/11/20

Page \_\_\_\_ of \_\_\_\_

Report To: Highbrow Industries

Cultivator or Mfg Name: Highbrow Industries

Email Address (for results): [charlesnau@highbrowmaine.com](mailto:charlesnau@highbrowmaine.com)

### Submittal Type

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

**Personal/Other:**

## New Customer Information

**Address:**

City, State: 55 Topsham Fair Mall Rd.

**Zip Code:**

Phone: (207) 837-9094

Billing Address (if different):

Cultivator or Mfg License or Reg Number: CGR25535: 2-36008

[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, CBN, CBDA, THCV, CBDV, CBC, CBGA, exoTHC,  $\Delta$ -8-THC

Samples collected by (print): Highbrow Industries

Signature:  Signed at:

2023-07-18 10:07:52

Date: 07/18/2023

Received in field by (print):

**Signature:**

Received at Lab by (print):

**Signature:**

Date: 7/18

Time: 1152

Date: 5/18/23

**Time:**

QSD-0058 REV10 CJ 102122

## 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

07/18/2023

Start Time

12:01 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

SYDNLEY

Email Address

Phone Number

Date Received

11/18

Time Received

1152

Signature



# Sample Receipt Condition Report

CATLAB, LLC

Order ID: 2145

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	5	5	
Trim			
Pre-Roll			
Infused Pre-Roll			
Retail Units			
Concentrate			
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 type="checkbox"/> N <input checked="" type="checkbox"/> NA	Comments:
Sample tampered, manipulated, adulterated or contaminated?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input 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 Metrc?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	Comments:

Initials/Date: IG 7/18/23

Notes/Comments:

Reviewer's Checklist	
<input checked="" type="checkbox"/> Client ID/Contact	If Adult Use: <input type="checkbox"/> Logged in Metrc <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>IG</u> Date: <u>7/19/23</u>	