



**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>	2150	<b>Sample Type</b>	Dried Flower
<b>Sample ID</b>	07883	<b>Strain</b>	Tripoli Wicked x Clementine
<b>METRC Sample ID</b>		<b>Serving Mass (g)/ Package</b>	/
<b>Date Received</b>	07/19/2023	<b>Collected Sample Weight</b>	1.62g
<b>Date/Time of Collection</b>	07/19/2023 10:14 AM	<b>Collected By</b>	Highbrow
		<b>Date Generated</b>	07/25/2023

### Summary of Results

#### Microbiological Screening

All Results

Fail

**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

<b>Prep Date Bacteria:</b> 7/20/23	<b>Prep Date Ecoli/SLM:</b> 7/20/23	<b>Prep Date Yeast and Mold:</b> 7/21/23
<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	21000	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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OFFICE OF  
MARIJUANA POLICY  
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

## 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 <b>Charles Doherty</b>	Registry Identification Card Number <b>CGR25535</b>
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 <b>Catlab, LLC</b>	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 <b>07/19/2023</b>	Start Time <b>12:01 pm</b>		
Departure Address (Physical) <b>55 Topsham Fair Mall Rd.</b>	City <b>Topsham</b>	State <b>Maine</b>	ZIP <b>04086</b>

### SECTION 5: Destination Information

This section must be completed by the transferring registrant.

Destination Address (Physical) <b>19 Levesque Dr.</b>	City <b>Eliot</b>	State <b>Maine</b>	ZIP <b>03903</b>
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### 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 <b>C. S. Grot</b>	Email Address	Phone Number <b>203 9666791</b>
Date Received	Time Received	
Signature <b>[Signature]</b>		

# **Sample Receipt Condition Report**

CATLAB, LLC

Order ID: 2150

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: ☒

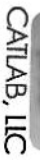
Samples Received			
	# of Samples	# of Containers	Notes:
Flower	1	1	
Trim			
Pre-Roll			
Infused Pre-Roll			
Retail Units			
Concentrate			
Infused Edibles			
Solid Batch			
Liquid Batch			

Proper Sample Containers/Enough Sample?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N / 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 type="checkbox"/> Y / <input type="checkbox"/> N / <input checked="" type="checkbox"/> NA	Comments:
Sample tampered, manipulated, adulterated or contaminated?	<input type="checkbox"/> Y / <input type="checkbox"/> N / <input checked="" 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 7-19-23

Notes/Comments:

Reviewer's Checklist	
<input checked="" type="checkbox"/> Client ID/Contact <input checked="" type="checkbox"/> Reporting Instructions <input checked="" type="checkbox"/> Rushes Communicated <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	<b>If Adult Use:</b> <input type="checkbox"/> Logged in Metrc <input type="checkbox"/> Transfer Manifest <b>If CATLAB Samples:</b> <input type="checkbox"/> Sampling Form <input type="checkbox"/> Attestation Form
Initials: <u>IG</u> Date: <u>7/24/23</u>	

$$\frac{7}{50}$$


ISO #112380

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

Personal/Other: \_\_\_\_\_

### Analyses Requested

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

Comments, special instructions, or temperature requirements:

QSD-0058 REV10 CJ 102122