



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	2180	Sample Type	Concentrate
Sample ID	07992	Strain	WiseFGHR 072623
METRC Sample ID		Serving Mass (g)/ Package	/
Date Received	07/27/2023	Collected Sample Weight	4g
Date/Time of Collection	07/27/2023 12:00 PM	Collected By	Highbrow
		Date Generated	08/04/2023

Summary of Results

Microbiological Screening	
All Results	Pass
Heavy Metals Screening	
All Results	Pass
Pesticides Screening	
All Results	Fail

Potency Profile	
Cannabinoid	Result mg/g
CBDV	< RL
THCV	4.00
CBDA	< RL
CBD	2.87
CBG	29.8
CBN	2.54
CBGA	< RL
CBC	12.3
exoTHC	< RL
Δ^9 -THC	673
Δ^8 THC	< RL
THCA	< RL
Total Cannabinoids %	72.5
Total CBD mg/g	2.87
Total THC mg/g	673
Total CBD %	0.287
Total THC %	67.3

DISCLAIMER: mg/L=ppm, μ g/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: 08/01/23
Instrument: UPLC CAT-0002/CAT-0151

Prep Date: 7/31/23
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	0.400	4.00	N/A	0.0214	0.214
CBDA	< RL	< RL	N/A	0.0214	0.214
CBD	0.287	2.87	N/A	0.0214	0.214
CBG	2.98	29.8	N/A	0.0214	0.214
CBN	0.254	2.54	N/A	0.0214	0.214
CBGA	< RL	< RL	N/A	0.0214	0.214
CBC	1.23	12.3	N/A	0.0214	0.214
exoTHC	< RL	< RL	N/A	0.0214	0.214
Δ9-THC	67.3	673	N/A	0.0214	0.214
Δ8THC	< RL	< RL	N/A	0.0214	0.214
THCA	< RL	< RL	N/A	0.0214	0.214

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Pesticides

Date Analyzed: 8/3/23
Instrument: CAT-0162

Prep Date: 8/1/23
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	78.0	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	Metaxyl	< 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: 8/3/23
Instrument: CAT-0162

Prep Date: 8/1/23
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	> 7800	59.0	2000	Fail
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 acequinocyl, chlorfenapyr, pyrethrins, cyfluthrin, fenpyroximate, fludioxonil, MGD-264, methiocarb, low bias abamectin and bifenthrin), LCS (abamectin, fludioxonil, prallethrin), and spiked matrix sample.

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Heavy Metals

Date Analyzed: 8/2/23
Instrument: CAT-0093

Prep Date: 8/1/23
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	44.4	27.6	500	Pass
Mercury	< RL	2.42	100	Pass

Microbial Analysis

Prep Date Bacteria: 7/31/23
Date Analyzed Bacteria: 8/1/23
Instrument: CAT-0140, CAT-0152

Prep Date Ecoli/SLM: 7/31/23
Date Analyzed Ecoli/SLM: 8/1/23
Method: SOP-QA-0028, SOP-QA-0038

Prep Date Yeast and Mold: 7/31/23
Date Analyzed Yeast and Mold: 8/3/23
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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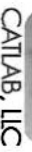
Deisy Peña-Romero Lab Director

Order 2182

Submittal Type

Adult Use:	R&D:	Medical:	Yes

Personal/Other: _____



ISO #112380

Cultivator or Mfg Name: Wisely Hash

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

Billing Address (if different):

Cultivator or Mfg License or Reg Number:

<input checked="" type="checkbox"/>	Potency***
<input type="checkbox"/>	Homogeneity
<input type="checkbox"/>	Terpene Profile
<input type="checkbox"/>	Residual Solvents
<input type="checkbox"/>	Filth and Foreign Material
<input checked="" type="checkbox"/>	Microbiological Impurities
<input type="checkbox"/>	Water Activity
<input type="checkbox"/>	Aflatoxins/Ochratoxins
<input checked="" type="checkbox"/>	Metals
<input checked="" type="checkbox"/>	Pesticides
<input type="checkbox"/>	Percent Moisture

[illegible]

Hello :)

*Sample types: Flower, wet/frozen flower, trim, concentrate, CO₂/solvent based concentrate, edible, capsule, tincture, or 'other'

Received in field by (print):

Signature:

Received at Lab by (print):

Date: 07/26/2023

Signature: _____

OSD-0058 REV10 CI 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 04/28/2023	Start Time 2:00 pm
Departure Address (Physical) 55 Topsham Fair Mall Road	City Topsham
State Maine	ZIP 04086

SECTION 5: Destination Information

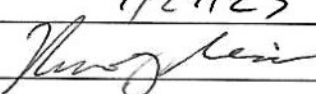
This section must be completed by the transferring registrant.

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 Joe Caddis	Email Address	Phone Number
Date Received 7/27/23	Time Received 1:25	
Signature 		

CATLAB, LLC

Sample Receipt Condition Report

Order ID: 2180

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	<u>1</u>	<u>2</u>	
Infused Edibles			
Solid Batch			
Liquid Batch			

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

Notes/Comments:

Initials/Date: IG 7/27/23

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>IG</u> Date: <u>7/31/23</u>	