



12423 NE Whitaker Way  
 Portland, OR 97230  
 503-254-1794



**Report Number:** 20-003225/D02.R00  
**Report Date:** 03/30/2020  
**ORELAP#:** OR100028  
**Purchase Order:**  
**Received:** 03/23/20 12:00

**Customer:** Oregon CBD  
**Product identity:** Auto CBG  
**Client/Metric ID:** .  
**Laboratory ID:** 20-003225-0001

**Sample Date:** 03/22/20 09:00

### Summary

**Potency:**

Analyte	Result (%)		
CBG-A†	6.68	<ul style="list-style-type: none"> <li>● CBG-A</li> <li>● CBG</li> <li>● CBC</li> <li>● CBC-A</li> <li>● 9-THC</li> </ul>	THC-Total <LOQ
CBG†	1.19		CBD-Total <LOQ
CBC	0.297		(Reported in percent of total sample)
CBC-A†	0.204		
Δ9-THC	0.0411		

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**Customer:** Oregon CBD

**Product identity:** Auto CBG  
**Client/Metric ID:** .  
**Sample Date:** 03/22/20 09:00  
**Laboratory ID:** 20-003225-0001  
**Relinquished by:** Gina Erdmann  
**Temp:** 19.4 °C

### Sample Results

Potency	Method J AOAC 2015 V98-6			Units %	Batch 2002837	Analyze 03/29/20 08:42 PM
Analyte	As Received	Dry weight	LOQ	Notes	<ul style="list-style-type: none"> <li>● CBG-A</li> <li>● CBG</li> <li>● CBC</li> <li>● CBC-A</li> <li>● 9-THC</li> </ul>	
CBC	0.297		0.0283			
CBC-A†	0.204		0.0283			
CBC-Total†	0.476		0.0531			
CBD	< LOQ		0.0283			
CBD-A	< LOQ		0.0283			
CBD-Total	< LOQ		0.0531			
CBDV†	< LOQ		0.0283			
CBDV-A†	< LOQ		0.0283			
CBDV-Total†	< LOQ		0.0528			
CBG†	1.19		0.0283			
CBG-A†	6.68		0.0283			
CBG-Total	7.05		0.0528			
CBL†	< LOQ		0.0283			
CBN	< LOQ		0.0283			
Δ8-THC†	< LOQ		0.0283			
Δ9-THC	0.0411		0.0283			
THC-A	< LOQ		0.0283			
THC-Total	< LOQ		0.0531			
THCV†	< LOQ		0.0283			
THCV-A†	< LOQ		0.0283			
THCV-Total†	< LOQ		0.0528			
<b>Total Cannabinoids</b>	<b>8.41</b>					

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**Abbreviations**

**Limits:** Action Levels per OAR-333-007-0400, OAR-333-007-0210, OAR-333-007-0220

**Limit(s) of Quantitation (LOQ):** The minimum levels, concentrations, or quantities of a target variable (e.g., target analyte) that can be reported with a specified degree of confidence.

† = Analyte not NELAP accredited.

**Units of Measure**

% = Percentage of sample

% wt =  $\mu\text{g/g}$  divided by 10,000

Approved Signatory

Derrick Tanner  
General Manager



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**PIXIS Labs**

12423 NE Whitaker Way Portland OR 97230 p.503-254-1794

**Cannabis Chain of Custody Record**

OREGONCBD 20-003225

Company: Oregon CBD Contact: Seth Crawford Address: 3395 S Pacific HWY W, Independence, OR 97351 Email: seth@jackhempicine.com Phone: 541-760-5419 Fax:		Analysis Requested <input type="checkbox"/> Pesticides <input checked="" type="checkbox"/> Potency <input type="checkbox"/> Residual Solvents <input type="checkbox"/> Water Activity <input type="checkbox"/> Moisture <input type="checkbox"/> Terpenes <input type="checkbox"/> Microbiology <input type="checkbox"/> Metals							OREGON CBD  Oregon CBD <input type="checkbox"/> Fax Final Results <input type="checkbox"/> Cash/Check/CC/Net 30 Other:			
Processor's License: 21-0408561HG Field ID: _____ Date/Time Collected: _____		Matrix	Weight	Comments	Cont #'s							
Auto CBG		3/22/20	9:00								Hemp	
White		3/22/20	9:20								Hemp	
Powder		3/22/20	9:40								Hemp	
Collected By: <input checked="" type="checkbox"/> Standard 5 day <input type="checkbox"/> Rush (1.5 x Standard) <input type="checkbox"/> Priority Rush (2 x Standard) Ask About Availability	Relinquished By: Seth Crawford 	Date	Time	Received By:	Date	Time	<b>Labs Use Only:</b> Client Alias: _____ Order Number: _____ <input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition <input type="checkbox"/> Temperature 19.4°C <input type="checkbox"/> Shipped Via: _____ Evidence of cooling: <input type="checkbox"/> Yes <input type="checkbox"/> No					
		3/23/20	9:30am		3/23/20	10:00am						
		3/23/20	1:50p	Margie Alor	3/23/20	12:00						

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO PIXIS WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THIS FORM

Revision: 1.02 Control#: CF001 Effective date: 04/24/2017

www.pixislabs.com

Page 2 of 3  
1 of 1  
JS 3/24/20

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## Oregon Department of Agriculture HEMP SAMPLING AND TESTING REQUEST FORM

### INSTRUCTIONS FOR COMPLETING THIS FORM:

- All sampling and testing must be performed by a laboratory licensed by the Oregon Liquor Control Commission (OLCC) under ORS 475B.560 and accredited by the Oregon Health Authority (OHA) pursuant to ORS 475B.565 to sample and test for  $\Delta^9$  tetrahydrocannabinol (THC) content (hereinafter, Laboratory) or the Oregon Department of Agriculture (ODA).
- The current list of licensed and accredited laboratories may be found at: <https://oda.direct/hemp>. A laboratory must appear on **both licensure and accreditation lists** and may only perform sampling and/or testing according to their accreditation. The list may also be found by searching on the OHA website for "accredited cannabis labs".
- Hemp grown under an ODA registration, including industrial hemp grown for agricultural hemp seed, must be sampled and tested for the purpose of ensuring that the crop contains an average THC concentration not exceeding 0.3 percent on a dry weight basis, as required by ORS 571.300 to 571.315; and OAR 603-048.
- Sampling must be in accordance to OAR 603-048-0600, and occur no more than four (4) weeks (28 days) prior to harvest. Laboratories may only sample plants with flowers when the purpose of the harvest lot is to produce flower. If no flowering plants are present, laboratories must reschedule the sampling for a later date when flowering plants are present.
- YOU MUST LEGIBLY COMPLETE EVERY SECTION OF THIS FORM.** Incomplete or illegible forms shall be returned and shall not be accepted until deficiencies are corrected.
- Complete one copy of the "Harvest Lot Sampling Request Description" (page 3 of this document) for *each* harvest lot as defined by OAR 603-048-0010 (13). A **Harvest Lot** means:
  - a. Means a quantity of industrial hemp harvested within a distinct timeframe that is:
    - A. Grown in one contiguous field or growing area; or
    - B. Grown in a portion or portions of one contiguous field or one growing area.
  - b. Does not include a quantity of industrial hemp comprised of industrial hemp grown in noncontiguous fields, noncontiguous growing areas.
- "**Harvest Lot Identifier**" means a unique numerical identifier that begins with the name of the grow site, then the year of harvest, and then a unique number to identify the harvest lot. **Example.** If the grow site name is Field 1 and the grower plans to cultivate two harvest lots in the 2019 calendar year, the following are appropriate harvest lot identifiers: Field 1-2019-001 and Field 1-2019-002
- To request sampling and testing, submit a complete copy of this Hemp Sampling Request Form:
  - o To a licensed and accredited laboratory of your choice according to the laboratory's procedures for requesting sampling; OR
  - o To request ODA sampling and testing, submit the form to [hempstereports@oda.state.or.us](mailto:hempstereports@oda.state.or.us).

Oregon Department of Agriculture Hemp Program Phone: (503) 986-4652 Email: [industrial-hemp@oda.state.or.us](mailto:industrial-hemp@oda.state.or.us) Web site: <https://oda.direct/hemp>  
Rev. 8/13/2019, Page 1 of 4

JS 3/24/20



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Registered Grower Name: Jack Hempicine LLC

Registered Grower Business Name: Oregon CBD  
(if applicable)

Registration Number: AG- R1040856IHG

Grower Phone: 541-760-5419 email: seth@jackhempicine.com

Total Number of Harvest Lots Requested to be Sampled and Tested: 3

**GROWER REQUEST FOR SAMPLING AND TESTING**

I, Seth Crawford request pre-harvest sampling and testing  
(print your name)

of 3 harvest lot(s) of hemp as described in the attached Harvest Lot Sampling Request  
(number)

Description(s) for THC analysis in accordance with OAR 603-048. Sampling and testing must comply with all requirements of OAR 603-048 including all Exhibits and forms.

Signature *Seth Crawford* Date 3/22/2020

Fees will apply. Laboratories or the ODA may have backlogs for sampling and testing. It is the Grower's responsibility to ensure timely sampling and testing.

*JS 3/24/20*



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HARVEST LOT SAMPLING REQUEST DESCRIPTION # 1

Harvest Lot Type (check at least one use): Flower \_\_\_\_\_ Fiber \_\_\_\_\_ Seed  Other (specify) \_\_\_\_\_

Grow Area Type (check one): Field \_\_\_\_\_ or Greenhouse

Total acres or Sq ft. to be sampled: 8400 sq. ft. Declared Harvest Date: 4/6/2020

Field ID/Name: LavNexus06

IMPORTANT: This Field ID/Name must be the same ID or Name, at the same location, as registered with the ODA.

Harvest Lot Identifier (as applicable - see below): Auto CBG

NOTE: In addition to "Field Name", a "Harvest Lot Identifier" shall be used when more than one "Harvest Lot" is located on the same "Field Name". Additional sample request must be made for each harvest lot. See page 1 of this form for "Harvest Lot Identifier" naming instructions.

Harvest Lot Location Address: 3395 S Pacific HWY W, Independence, OR 97351

Harvest Lot Coordinates: Latitude: -123.231201 Longitude: 44.884204

(From approx. center the harvest lot or door of greenhouse, and in decimal format, eg: 45.123456 -123.456789)

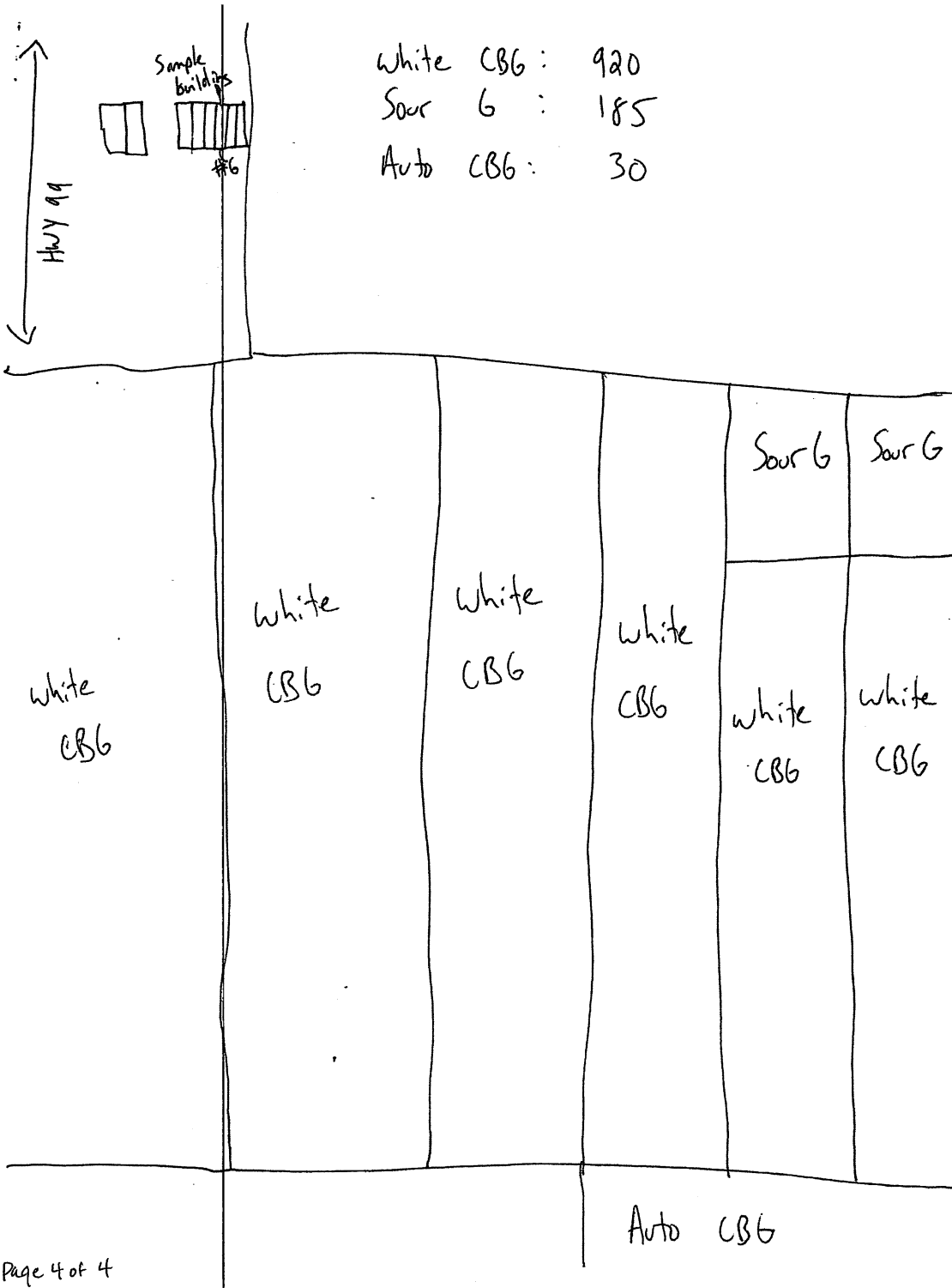
Written Description: Describe the location of the harvest lot to be sampled such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other harvest lots:

8400 square foot next-gen greenhouse, 3 varieties.

Visual Depiction: Provide a map oriented north, depicting the grow site of the harvest lot showing at least one prominent feature (road, building, etc.). (May be hand

1 See attached.

JS 3/24/20





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### Hemp On-Site Sampling Form

Laboratory Use Only

#### INSTRUCTIONS FOR COMPLETING THIS FORM:

- Sampling may only be performed by a laboratory licensed by the Oregon Liquor Control Commission (OLCC) under ORS 475B.560 and accredited by the Oregon Health Authority (OHA) pursuant to ORS 475B.565 to sample and test for Δ9 tetrahydrocannabinol (THC) content (hereinafter, Laboratory) pursuant to a complete Hemp Sampling and Testing Request Form.
- IT IS NECESSARY TO LEGIBLY COMPLETE EVERY SECTION OF THIS FORM. Incomplete or illegible forms shall be returned and shall not be accepted until deficiencies are corrected.
- The Laboratory must complete a Harvest Lot On-Site Sampling Description (page 2 of this Form) for *each* harvest lot as defined by OAR 603-048-0010 (13). The form must accompany the sample to the laboratory.
- The Laboratory must map/sketch each harvest lot at the time and date of sampling to show the location of the grow area as well as the **sampling pattern**. The Laboratory may supplement the description with photographs. The description and depiction must be sufficient such that the growing area of the harvest lot is apparent from a visual inspection of the premises and is easily discernable from other harvest lot growing areas.

Laboratory Name: Fixis

Sampler Name (Printed): Gina Erdmann

Date: 3/23/20 Time Sampling Started: 9:00 Time Sampling Completed: 10:40

Number of Harvest Lots Sampled 3

Registered Grower Name: Oregon CBD

Registered Grower Business Name: [Signature]  
(if applicable)

Representative (present at the time of sampling) \_\_\_\_\_

#### AGREEMENT

The harvest lot(s) described in the Harvest Lot On-Site Sampling Description(s) included with this form accurately reflect the harvest lot location(s) and description(s) and the sampling conducted by the sampler. The Registered Grower agrees to the sampling as described in the attached Descriptions.

Registered Grower/Representative Signature Name: [Signature]

Sampler Signature Name: Gina Erdmann

Oregon Department of Agriculture Hemp Program Phone: (503) 986-4652 Email: [industrial-hemp@oda.state.or.us](mailto:industrial-hemp@oda.state.or.us) Web site: <https://oda.direct/hemp>  
Rev. 5/15/2019, Page 1 of 2.



**HARVEST LOT ON-SITE SAMPLING DESCRIPTION #1** \_\_\_\_\_

**Harvest Lot Type** (check at least one one): Flower \_\_\_\_\_ Fiber \_\_\_\_\_ Seed  Other (specify) \_\_\_\_\_

**Grow Area Type** (check one): Field \_\_\_\_\_ or Greenhouse

**Total acres or Sq ft. to be sampled:** 8400 sq ft \_\_\_\_\_ **Declared Harvest Date:** 4/6/20 \_\_\_\_\_

**Field ID/Name:** LavNexus06 \_\_\_\_\_

IMPORTANT: This Field ID/Name must be the same ID or Name, at the same location, as registered to the ODA.

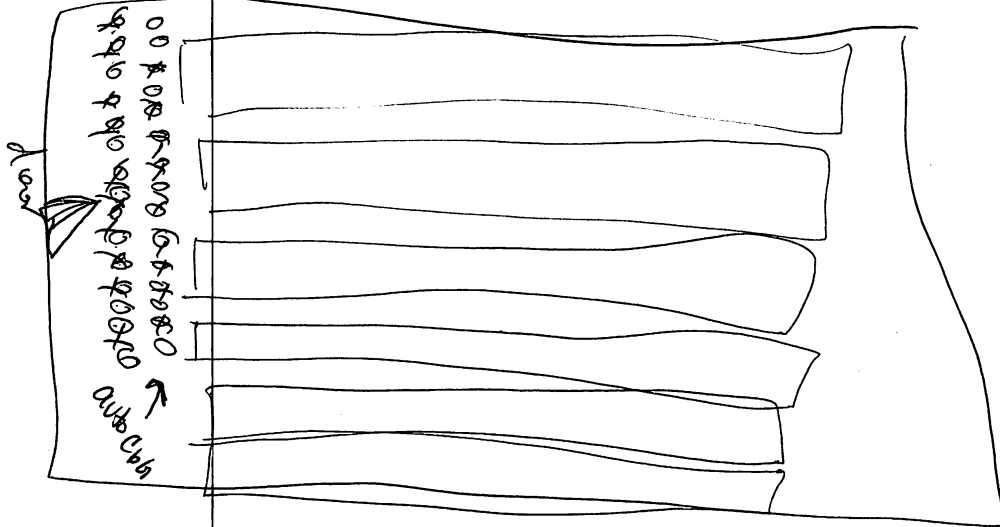
**Harvest Lot Designation** (as applicable - see below): Auto CBG \_\_\_\_\_

NOTE: In addition to "Field Name", "Harvest Lot" designations will be used when more than one "Harvest Lot" is located on the same "Field Name". An additional "Harvest Lot On-Site Sampling Description" must be completed for each harvest lot.

**Written Description:** Describe the location of the harvest lot to be sampled such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other harvest lots:

30 potted plants immediately in front of door  
(19) plants sampled

**Visual Depiction:** Provide a map oriented north depicting the grow site of the harvest lot showing at least one prominent feature (road, building, etc.). (May be hand drawn).





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**Received:** 03/23/20 12:00



### Hemp Pre-Harvest THC Report Laboratory Use Only

**INSTRUCTIONS FOR COMPLETING THIS FORM:**

- This form is only to be used for reporting  $\Delta 9$  Tetrahydrocannabinol ( $\Delta 9$  THC) in pre-harvest tests of hemp as required by ORS 571.300 to 571.315; and OAR 603-048.
- IT IS NECESSARY TO LEGIBLY COMPLETE EVERY SECTION OF THIS FORM. Incomplete or illegible forms shall be returned and shall not be accepted until deficiencies are corrected.
- Complete a copy of this report for each harvest lot as defined by OAR 603-048-0010 (13). The form must be submitted to the ODA at [hemptestreports@oda.state.or.us](mailto:hemptestreports@oda.state.or.us) and to the grower who submitted the request for testing.
- Completed copies of the **Sampling and Testing Request Form** and **On-Site Sampling Form** corresponding to the harvest lot **must be submitted to ODA** with this report.

Primary Laboratory Testing: Columbia Labs

Secondary Laboratory Testing: n/a  
(if applicable)

Indicate if this is: (Check One) First Test  Second Test  Third Test

Registered Grower Name: Jack Hempicine LLC

Registered Grower Business Name: Oregon CBD  
(if applicable)

Registration Number: AG- R1040856 THG

Grower Phone: 541-760-5419 email: seth@jackhempicine.com

Oregon Department of Agriculture Hemp Program Phone: (503) 986-4652 Email: [industrial-hemp@oda.state.or.us](mailto:industrial-hemp@oda.state.or.us) Web site: <https://oda.direct/hemp>  
Rev. 5/15/2019, page 1 of 2.

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Received: 03/23/20 12:00

20-003225-0001

**HARVEST LOT:**

Field Name and/or Harvest Lot: Auto CBG (LavNexus 06)

NOTE: In addition to "Field Name", "Harvest Lot" designations will be used when more than one "Harvest Lot" is located on the same "Field Name".

Harvest Lot Sampling Request Description # 1 and Harvest Lot On-Site Sampling Description # 1

NOTE: Note the form number that corresponds to the Harvest Lot test result reported.

Sample Date 3/23/20

Sampled by: Gina Erdmann

Received By: Hagit Alon Date: 3/23/20  
(laboratory personnel)

Time: 12:00 pm

**ANALYTICAL REPORT FOR TETRAHYDROCANNABINOL**

Method Reference Analytical Results  
JAOAC 2015.198-6 <0.0531% (<LOQ) Total THC

Date and Time Tested: 3/29/20; 2042

Laboratory Technician Performing Test (Print name): Xinnia Opigo

Laboratory Technician Signature: [Signature] Date Signed: 3/30/20

Reviewed by (Print name) Cameron Call

Reviewed by (Signature): [Signature] Date Signed: 3/30/20

**Understanding these Results:**

If the "Analytical Results":

- **Are less than 0.35 percent Δ9 THC:** The Harvest Lot satisfies required pre-harvest testing.
- **Are equal to or greater than 0.35 percent Δ9 THC:** The Harvest Lot fails testing under these rules. You may request a retest by submitting a written request on a form provided by ODA (available on ODA's website). Requests for retesting must be made within seven (7) calendar days from the date this report was mailed. If the retest passes testing, a third and final test must be requested to confirm the passing test result. All retesting is at the cost of the grower. For a full explanation of procedures for failed harvest lots, see OAR 603-048-0630. ODA may detain and dispose of the harvest lot corresponding to the sample as described in OAR 603-048-0900. You will receive additional notice from ODA prior to such action.

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Rev. 5/15/2019, page 2 of 2.



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Revision #: 0.00 Control : CFL-D06  
Revision Date: 05/31/2019 Effective Date: 05/31/2019

**Laboratory Quality Control Results**

**J AOAC 2015 V98-6** **Batch ID: 2002837**

**Laboratory Control Sample**

Analyte	Result	Spike	Units	% Rec	Limits	Evaluation	Notes
CBDV-A	0.0434	0.04	%	109	85.0 - 115	Acceptable	
CBDV	0.0394	0.04	%	98.5	85.0 - 115	Acceptable	
CBD-A	0.0383	0.04	%	95.8	85.0 - 115	Acceptable	
CBG-A	0.0402	0.04	%	101	85.0 - 115	Acceptable	
CBG	0.0375	0.04	%	93.9	85.0 - 115	Acceptable	
CBD	0.0384	0.04	%	96.0	85.0 - 115	Acceptable	
THCV	0.0401	0.04	%	100	85.0 - 115	Acceptable	
THCVA	0.0400	0.04	%	100.0	85.0 - 115	Acceptable	
CBN	0.0370	0.04	%	92.6	85.0 - 115	Acceptable	
THC	0.0419	0.04	%	105	85.0 - 115	Acceptable	
D8THC	0.0362	0.04	%	90.6	85.0 - 115	Acceptable	
CBL	0.0405	0.04	%	101	85.0 - 115	Acceptable	
CBC	0.0405	0.04	%	101	85.0 - 115	Acceptable	
THCA	0.0378	0.04	%	94.5	85.0 - 115	Acceptable	
CBCA	0.0389	0.04	%	97.2	85.0 - 115	Acceptable	

**Method Blank**

Analyte	Result	LOQ	Units	Limits	Evaluation	Notes
CBDV-A	<LOQ	0.03	%	< 0.03	Acceptable	
CBDV	<LOQ	0.03	%	< 0.03	Acceptable	
CBD-A	<LOQ	0.03	%	< 0.03	Acceptable	
CBG-A	<LOQ	0.03	%	< 0.03	Acceptable	
CBG	<LOQ	0.03	%	< 0.03	Acceptable	
CBD	<LOQ	0.03	%	< 0.03	Acceptable	
THCV	<LOQ	0.03	%	< 0.03	Acceptable	
THCVA	<LOQ	0.03	%	< 0.03	Acceptable	
CBN	<LOQ	0.03	%	< 0.03	Acceptable	
THC	<LOQ	0.03	%	< 0.03	Acceptable	
D8THC	<LOQ	0.03	%	< 0.03	Acceptable	
CBL	<LOQ	0.03	%	< 0.03	Acceptable	
CBC	<LOQ	0.03	%	< 0.03	Acceptable	
THCA	<LOQ	0.03	%	< 0.03	Acceptable	
CBCA	<LOQ	0.03	%	< 0.03	Acceptable	

**Abbreviations**

- ND - None Detected at or above MRL
- RPD - Relative Percent Difference
- LOQ - Limit of Quantitation

**Units of Measure:**

% - Percent

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Revision #: 0.00 Control : CFL-D06  
Revision Date: 05/31/2019 Effective Date: 05/31/2019

**Laboratory Quality Control Results**

J AOAC 2015 V98-6		Batch ID: 2002837							
Sample Duplicate		Sample ID: 20-003225-0001							
Analyte	Result	Org. Result	LOQ	Units	RPD	Limits	Evaluation	Notes	
CBDV-A	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
CBDV	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
CBD-A	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
CBG-A	6.68	6.72	0.03	%	0.680	< 20	Acceptable		
CBG	1.19	1.17	0.03	%	1.08	< 20	Acceptable		
CBD	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
THCV	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
THCVA	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
CBN	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
THC	0.0411	0.0411	0.03	%	0.108	< 20	Acceptable		
D8THC	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
CBL	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
CBC	0.297	0.301	0.03	%	1.18	< 20	Acceptable		
THCA	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
CBCA	0.204	0.205	0.03	%	0.785	< 20	Acceptable		

**Abbreviations**

- ND - None Detected at or above MRL
- RPD - Relative Percent Difference
- LOQ - Limit of Quantitation
- NA - Calculation Not Applicable given non-numerical results

**Units of Measure:**

% - Percent

Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAP and the Columbia Laboratories quality assurance plan unless otherwise noted. This report shall not be reproduced, except in full, without the written consent of this laboratory. Samples will be retained for a maximum of 30 days from the receipt date unless prior arrangements have been made.



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**Report Number:** 20-003225/D02.R00  
**Report Date:** 03/30/2020  
**ORELAP#:** OR100028  
**Purchase Order:**  
**Received:** 03/23/20 12:00

Explanation of QC Flag Comments:

Code	Explanation
Q	Matrix interferences affecting spike or surrogate recoveries.
Q1	Quality control result biased high. Only non-detect samples reported.
Q2	Quality control outside QC limits. Data considered estimate.
Q3	Sample concentration greater than four times the amount spiked.
Q4	Non-homogenous sample matrix, affecting RPD result and/or % recoveries.
Q5	Spike results above calibration curve.
Q6	Quality control outside QC limits. Data acceptable based on remaining QC.
R	Relative percent difference (RPD) outside control limit.
R1	RPD non-calculable, as sample or duplicate results are less than five times the LOQ.
R2	Sample replicates RPD non-calculable, as only one replicate is within the analytical range.
LOQ1	Quantitation level raised due to low sample volume and/or dilution.
LOQ2	Quantitation level raised due to matrix interference.
B	Analyte detected in method blank, but not in associated samples.
B1	The sample concentration is greater than 5 times the blank concentration.
B2	The sample concentration is less than 5 times the blank concentration.