

Smithers AMS LLC

790 Main St

Wareham, MA 02571 License #: IL281355

Phone: 508-295-2550



Customer: The Healing Rose

Address: 23 Hale St

Newburyport MA 01950

Phone: 978-409-1091

License #: MDAR 25190109P



Sample ID: 5153

Sample Name: Goddess Bath Soak

Sample Type: Other

Received Date: 05/08/2023 **Report Date:** 05/11/2023

METRC ID: N/A

Client Batch ID: Batch #2059 Client Sample Size: 340 g Unit Weight (g): 340

Results Summary

Cannabinoids

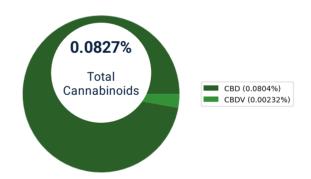
TESTED

05/10/2023

Certificate of Analysis



Cannabinoid Distribution (%)



Disclaimer: The results presented within this report pertain only to the sample(s) indicated, as received by Smithers AMS LLC. Smithers AMS LLC is responsible for the information provided in this report, unless indicated that the customer provided the information. This report shall not be reproduced, except in full, without the written approval of Smithers AMS LLC. Action limits used to dictate pass/fail criteria are set by the Massachusetts Cannabis Control Commission.



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Certificate of Analysis

Cannabinoids

 Date Started: 05/09/2023
 Date Completed: 05/10/2023
 Analyst: Yuemin Wang Kovaleff

 Instrument: UPLC-PDA
 Method: TP-09.001.03 & TP-09.012.03
 Deviation: N/A

Cannabinoid	Result (%)	Result (mg/g)	LOQ (%)	
CBD	0.0804	0.804	0.00187	
CBDV	0.00232	0.0232	0.000748	
CBDVA	ND	ND	0.000748	
CBDA	ND	ND	0.00187	
CBGA	ND	ND	0.000935	
CBG	ND	ND	0.000935	
Δ9-THCV	ND	ND	0.000748	
Δ8-THCV	ND	ND	0.000748	
THCVA	ND	ND	0.000748	
CBN	ND	ND	0.000935	
CBNA	ND	ND	0.000748	
Exo-THC	ND	ND	0.000748	
Δ9-ΤΗС	ND	ND	0.00187	
Δ8-THC	ND	ND	0.000935	
CBL	ND	ND	0.000748	
THCA-A	ND	ND	0.00187	
CBC	ND	ND	0.000748	
CBCA	ND	ND	0.000748	
Total THC	ND	ND		
Total CBD	0.0804	0.804		
Total Cannabinoids	0.0827	0.827		

Total THC = Δ 9-THC + Δ 8-THC + (THCA-A x 0.877)

Total CBD = CBD + (CBDA x 0.877)

Total Cannabinoids = Sum of all cannabinoids without THC/CBD corrections.

LOD = Limit of Detection; **LOQ** = Limit of Quantitation; **ND** = Not Detected.

Eric Steele, Lab Director 05/11/2023

END OF REPORT



