

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: 3009

Sample Name: Unscented Massage Oil

Sample Type: Topical **Received Date: 11/07/2022** Report Date: 11/11/2022

METRC ID: N/A

Client Batch ID: Batch #1949 Client Sample Size: 30 mL Unit Weight (g): 30

Results Summary

Cannabinoids

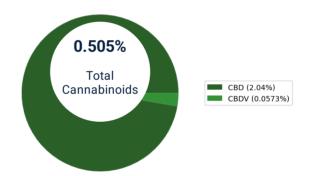
TESTED

11/09/2022

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: 11/07/2022Date Completed: 11/09/2022Analyst: Yuemin Wang KovaleffInstrument: UPLC-PDAMethod: TP-09.001.03 & TP-09.012.03Deviation: N/A

Cannabinoid Result (%) Result (mg/unit) LOQ (mg/unit) CBD 0.493 148 0.0239 **CBDV** 0.00938 2.81 0.00200 Δ9-ΤΗС <LOQ <LOQ 0.00500 **CBDVA** ND ND 0.00200 **CBDA** ND ND 0.00500 **CBGA** 0.00250 ND ND CBG ND ND 0.00250 Δ9-THCV ND ND 0.00200 Δ8-ΤΗCV ND ND 0.00250 **THCVA** ND ND 0.00200 CBN ND ND 0.00250 **CBNA** ND ND 0.00200 **Exo-THC** ND ND 0.00200 Δ8-ΤΗС ND 0.00250 ND CBL ND ND 0.00200 THCA-A ND ND 0.00500 CBC ND ND 0.00200 **CBCA** ND ND 0.00200 **Total THC** <LOQ 0.687 **Total CBD** 0.493 148 **Total Cannabinoids** 0.505 152

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 11/11/2022

END OF REPORT



