

CHAIN OF CUSTODY

QUALITY ASSURANCE ANALYSIS REQUEST

ISO/IEC 17025:2017 A2LA CERT# 5913.01 // DEA# RT0581098 // NJCDS# 10CA00034900 // NJ HEMP# 34_00077 // NJ CRC# TL0000

TRICHOME ANALYTICAL

6000 COMMERCE PKWY STE I, MT LAUREL, NJ 08054 // PH: 856-316-0670

CLIENT: CANNA CAFE LLC
 ADDRESS: 1025 Gravel Hill RD
Southampton PA 18966
 LICENSE ID: _____

CONTACT NAME: Duncan Cherrington
 EMAIL: Duncan.C.Cherrington@gmail.com
 PHONE: 267-961-8791
 SPECIAL INSTRUCTIONS: Charge card ready in 2021

SAMPLE ID	SAMPLE DESCRIPTION (BATCH / LOT ID)	PANELS			INDIVIDUAL ANALYSES										LAB USE ONLY		
		NI PANEL	NYCHP PANEL	PROFILE PANEL	CANNABINOIDS	TERPENES	METALS	PEST. & MYCO	MICROBIAL	SOLVENTS	MOISTURE	WATER ACTIVITY	FOREIGN MATTER	OTHER*			
24 SD 1	DRUGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240319TRI001.001 CAN
24 SD 2	DRUGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240319TRI001.002 CAN
24 SD 3	DRUGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240319TRI001.003 CAN
24 SD 9	DRUGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240319TRI001.004 CAN
24 SD 5	DRUGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240319TRI001.005 CAN
24 WC 1	COMBINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240319TRI001.006 CAN
24 WL 2	COMBINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240319TRI001.006 CAN
24 MC 1	COMBINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240319TRI001.007 CAN
24 MC 2	COMBINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240319TRI001.007 CAN
CD Trial 1	chocolate crackers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240319TRI001.008 CAN

REQUESTED TURN AROUND TIME: STANDARD RUSH (surcharge applies)

- 1. NJ REQUIRED
- 2. NY REQUIRED
- 3. Quality Indicators: Total Yeast and Mold, Total Aerobic Bacteria Count, Total Enterobacteriaceae Count, Total Coliforms, E. coli
- 4. Common Pathogens: Shiga toxin-producing E. coli (STEC), Salmonella spp., Aspergillus (flavus, fumigatus, niger, terreus)

*INDICATE OTHER ANALYSIS REQUEST: Compliance. AB + AF Certs, General Cannabinoid Testing

By signing below, I affirm that I am a representative of the above listed Entity, and that all samples being submitted to Trichome Analytical are legally produced and transported under federal and/or state guidelines.

PRINT NAME: Duncan Cherrington SIGNATURE: [Signature] DATE: 03/13/2024

Remit this form with your samples and payment to: Trichome Analytical, 6000 Commerce Parkway Suite I, Mount Laurel, NJ 08054

LAB USE ONLY
 Received By: Thomas Bankley Signature: [Signature] Date: 3/18/24

Notes: Additional "Krisp Rice Treat" received. Do not test per client request. Combine all milk chocolates as composite sample, and white chocolates as composite sample per client request. - TB 240319