



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: 15875

Sample Name: Fortify & Renew Bath Soak

Sample Type: Other

Received Date: 08/07/2024

Report Date: 08/10/2024

METRC ID: N/A

Client Batch ID: Batch #2327

Client Sample Size: 185 grams

Unit Weight (g): 340

Certificate of Analysis



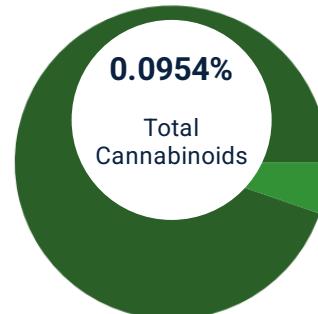
Results Summary

Cannabinoids

08/08/2024

TESTED

Cannabinoid Distribution (%)



CBD (0.0904%)
CBG (0.00505%)

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: 08/07/2024

Instrument: UPLC-PDA

Date Completed: 08/08/2024

Method: TP-09.001.05 & TP-09.012.05

Analyst: Yuemin Wang Kovaleff

Deviation: N/A

Cannabinoid	Result (%)	Result (mg/unit)	LOQ (mg/unit)
CBD	0.0904	307	0.00170
CBG	0.00505	17.2	0.000848
CBDVA	ND	ND	0.000678
CBDV	ND	ND	0.000678
CBDA	ND	ND	0.00170
CBGA	ND	ND	0.000848
Δ9-THCV	ND	ND	0.000678
Δ8-THCV	ND	ND	0.000678
THCVA	ND	ND	0.000678
CBN	ND	ND	0.000848
CBNA	ND	ND	0.000678
Exo-THC	ND	ND	0.000678
Δ9-THC	ND	ND	0.00170
Δ8-THC	ND	ND	0.000848
CBL	ND	ND	0.000678
THCA-A	ND	ND	0.00170
CBC	ND	ND	0.000678
CBCA	ND	ND	0.000678
Total THC	ND	ND	
Total CBD	0.0904	307	
Total Cannabinoids	0.0954	325	

Total THC = Δ9-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
08/10/2024

END OF REPORT

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