



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: 36495

Sample Name: Relax and Unwind Bath Soak

Sample Type: Topical

Received Date: 10/23/2025

Report Date: 10/27/2025

METRC ID: N/A

Client Batch ID: Batch #2613

Client Sample Size: 238 grams

Unit Weight (g): 340

Certificate of Analysis



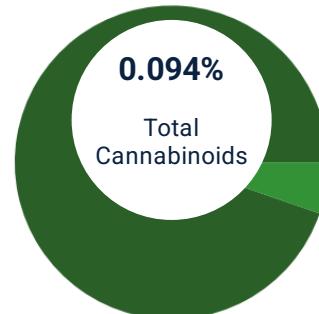
Results Summary

Cannabinoids

10/27/2025

TESTED

Cannabinoid Distribution (%)



CBD (0.0890%)
CBG (0.00496%)

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: 10/23/2025

Instrument: UPLC-PDA

Date Completed: 10/27/2025

Method: TP-09.001.06 & TP-09.012.06

Analyst: Lana Rivera (B144852)

Deviation: N/A

Cannabinoid	Result (%)	Result (mg/unit)	LOQ (mg/unit)
CBD	0.0890	303	0.00195
CBG	0.00496	16.9	0.000975
CBDVA	ND	ND	0.000780
CBDV	ND	ND	0.000780
CBDA	ND	ND	0.00195
CBGA	ND	ND	0.000975
Δ9-THCV	ND	ND	0.000780
Δ8-THCV	ND	ND	0.000780
THCVA	ND	ND	0.000780
CBN	ND	ND	0.000975
CBNA	ND	ND	0.000780
Exo-THC	ND	ND	0.000780
Δ9-THC	ND	ND	0.00195
Δ8-THC	ND	ND	0.000975
CBL	ND	ND	0.000780
THCA	ND	ND	0.00195
CBC	ND	ND	0.000780
CBCA	ND	ND	0.000780
Total THC	ND	ND	
Total CBD	0.0890	303	
Total Cannabinoids	0.0940	320	

Total THC = Δ9-THC + (THCA 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
10/27/2025

END OF REPORT

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