



# Alliance Analytical Laboratories, Inc.

179 West Randall Street  
Coopersville, MI 49404  
Phone: (616) 837-7670  
Fax: (616) 837-7701



## TEST RESULTS REPORT

Test methods marked with ^ are accredited under the laboratory's ISO/IEC 17025 accreditation issued by ANSI-ASQ National Accreditation Board. Refer to certificate and scope of accreditation AT-2044

### CUSTOMER

The Evergreen Tree  
4012 S. Rainbow Blvd.  
Las Vegas, NV 8903  
Phone: 702-861-2045  
Email: customerservice@theevergreentree.com;

### SAMPLE DESCRIPTION

Kratom GRW Mix Lot 020521-LW-G-B  
SD NA

### SAMPLE DATE

### DATE RECEIVED

2/12/2021

### REFERENCE NUMBER

210069: 2106960

### Customer PO

### TEMPERATURE AT RECEIVING



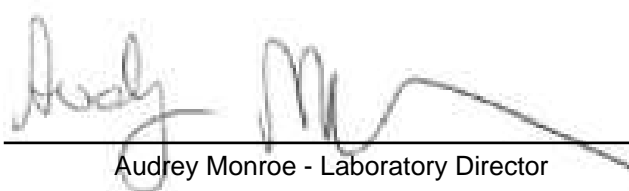
Test Requested	Test Method	Results	Ref Number	Start Date
Kratom P1				
P1 Aerobic Plate Count	^BAM Ch 3 Analyst: 50	Log: 4.3 24500 cfu/g		2/18 4:09 PM estimated
P1 Coliform	^ AOAC 991.14 Analyst: 49	Log: 2.0 100 cfu/g		2/18 3:57 PM
P1 E.coli Generic	^AOAC 991.14 Analyst: 49	Log: <2.0 <100 cfu/g		2/18 3:57 PM
P1 Mold	^ BAM Ch 18 Analyst: 50	Log: 4.6 40000 cfu/g		2/18 4:10 PM
P1 Salmonella	AOAC 011404 Analyst: 49	Negative/5g		2/18 3:57 PM Kit Lot Number: SSp-577
P1 Staphylococcus aureus	CMMEF39.52 Analyst: 49	<3 mpn/g		2/18 3:57 PM
P1 Yeast	^Bam Ch 18 Analyst: 50	Log: <2.0 <100 cfu/g		2/18 4:10 PM

It is the customer's responsibility to evaluate the compliance of these results to any regulatory requirement.  
Test results apply to the sample as received.

**THIS DOCUMENT CONTAINS TRADE SECRET/CONFIDENTIAL INFORMATION  
PURSUANT TO 5 U.S.C.(b)(4)**

**This report must not be reproduced, except in full, without written approval of the laboratory.**

Reviewed and Approved by:

  
Audrey Monroe - Laboratory Director

Date: 2/25/2021

Date: 2/25/2021

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# SAMPLE SUBMITTAL FORM

Client Name <i>The Evergreen Tree</i>		P.O. Number or Project Identification		Report Data To:	
Address <i>4012 S Rainbow Blvd Ste K560</i>			Contact Person		Phone and Fax <i>702-861-2045</i>
City <i>Las Vegas</i>		State <i>NV</i>	Zip Code <i>89103</i>	email <i>customerservice@theevergreentree.com</i>	
Sample Site No. If Applicable	Lot Number	SAMPLE DESCRIPTION	ANALYSIS REQUESTED Use Sample Key		Special Reporting Requirements
	<i>020521-LW-6-B</i>	<i>Kraton GRW MIX</i>	<i>P1</i>		

## Analytical Test Request KEY

Please call 616-837-7670 if you require a test not listed

T-1 Total Aerobic Plate Count	\$13.50	T-6 Mitragynine	\$80.00
T-2 E.coli & Coliform	\$15.00	T-7 7-Hydroxymitragynine	\$80.00
T-3 Yeast & Mold	\$15.50	T-8 Heavy metals	\$115.00
T-4 Listeria sp.	\$45.00		
T-5 Salmonella	\$55.00		

## PACKAGES

P1 \$130.00	Total Aerobic Plate Count, E.coli, coliform, Yeast, Mold, Listeria sp, Salmonella
P2 \$230.00	Mitragynine, 7 hydroxymitragynine, Heavy metals
P3 \$330.00	Total Aerobic Plate Count, E.coli, coliform, Yeast, Mold, Listeria sp, Salmonella, mitragynine, 7-hydroxymitragynine, and heavy metals

For Office Use Only:  
Date/Time Received \_\_\_\_\_ Temp (°F) \_\_\_\_\_ Sample Condition \_\_\_\_\_ Initials \_\_\_\_\_