EXHIBIT A

ChromaDex

10005 Muirlands Blvd., Suite G | Irvine, CA 92618
Phone: (949) 419-0288 | Fax: (949) 419-0294
www.chromadex.com

Analytical Results Sheet

Customer:	Barbat, Mansour & Suciu PLLC	Report Number:	CDXA-ARS-24300-00
Address (City, State):	Detroit, MI	Project Number:	ORD73888
Sample Name:	Sundown Naturals St. John's Wort		
Sample Lot:	901486-06	Date Received:	05-May-15
CDXA Number:	CDXA-15-3567	Purchase Order:	N/A
Assay:	Hypericins by HPLC	Date of Report:	21-May-15
Part Number:	CDA-00018505-ARS	Page:	2 of 2
Method:	ALC140A for Hypericin	Test Location:	Sub41

Analyte	Units	Spec.	Result	Reporting Limit
Hypericin	mg/serving	N/A	**0.113**	--
PseudoHypericin (calculated as hypericin)	mg/serving	N/A	**0.0531**	--
Total Hypericins	mg/serving	0.9	**0.166**	--

Serving Size:2 capsules

QA Verified/ Approved: Kristie Kokeny

Digitally signed by Kristie Kokeny
DN: cn=Kristie Kokeny, o=Chromadex, Inc., ou=Quality Assurance, email=kristiek@chromadex.com, c=US
Date: 2015.05.21 16:27:49 -05'00'

Signed original on file at CDXA

ND – Not Detected
BRL – Below reporting limit (compound detected below RL)

ChromaDex
10005 Muirlands Blvd., Suite G | Irvine, CA 92618
Phone (949) 419-0288 | Fax: (949) 419-0294
www.chromadex.com

Form 1A: Initial Investigation of Out of Specification (OOS) Results

Summary

Customer:	Barbat, Mansour & Suciu PLLC	Date:	21-May-15
Sample:	CDXA-15-3567	OOS #:	OOS-15-0766
Sample Name:	Sundown Naturals St. John's Wort		
Lot Number:	901486-06	Assay:	Hypericins by HPLC
		Part Number:	CDA-00018505-ARS
Report:	CDXA-ARS-24300-00	Method:	ALC140A for Hypericin
ORD #:	ORD73888		
Analyst:	Sub41	Review:	Kristie Kokeny

OOS Result:	**0.166 mg/serving Total Hypericins**
Specification:	**0.9 mg/serving Total Hypericins**

Preliminary Investigation
The OOS investigation should be conducted by the analyst and the analytical manager or group leader. If there is any reason to invalidate the data, document the reason below, invalidate the result and repeat the analysis.

Checklist	**Yes**	**No**	**Comments**
Laboratory Control Sample (LCS) within Limits	☒	☐	
Documentation			
Calculation Error	☐	☒	
Transcription Error	☐	☒	
Methodology			
Correct SOP Followed	☒	☐	
Deviated from SOP	☐	☒	
Samples, Standards, Reagents			
Check of Glassware Used	☒	☐	
Daily Balance Calibration Performed	☒	☐	
Instrument			
Calibration OK	☒	☐	
Continuing Calibration Passed	☒	☐	
Instrument Parameters OK	☒	☐	

Comments

Is data valid or invalid, give justification?

Sample or sampling issues?

Approval

If there is no reason to suspect the analyst's work the analytical manager will sign below. This form will be sent to the client so that they may discuss possible sample problems, re-sampling, and re-testing.

Manager/Designee Signature: _____

Re-testing of Results (To be completed by customer)
After the client reviews the data, they are to decide if they would like the sample retested. The retest must be requested within 10 business days of the reports initial release. If the sample is retested, and the results are still OOS, the client will be billed for the retest. If the retest yields results that meet the client's specifications, the client will not be billed.

If re-test is requested, client/authorized sales representative should sign below and return this form to the laboratory. Form 2 will be used to document the retest results and assignable cause. Results for an OOS re-run will be released within 5 business days.

Client Authorization: _____ Date: _____

PO Number: _____ CDX Work Order: _____

ChromaDex

Analytical Results Sheet

Customer:	Barbat, Mansour & Suciu PLLC	Report Number:	CDXA-ARS-24697-00
Address (City, State):	Detroit, MI	Project Number:	ORD74951
Sample Name:	Sundown Naturals St. John's Wort		
Sample Lot:	900508-02	Date Received:	18-Jun-15
CDXA Number:	CDXA-15-4800	Purchase Order:	Not provided
Assay:	St. John's Wort for Hypericins by HPLC	Date of Report:	01-Jul-15
Part Number:	CDA-00018505-ARS	Page:	1 of 4
Method:	ALC140A	Test Location:	Sub41

Analyte	Units	Spec.	Result	Reporting Limit
Hypericin	mg/serving	NA	0.290	--
PseudoHypericin (calculated as hypericin)	mg/serving	NA	0.113	--
Total Hypericin	**mg/serving**	**NA**	**0.403**	**--**

Serving size: 2 capsules

Signed original on file at CDXA

ND – Not Detected
BRL – Below reporting limit (compound detected below RL)

ChromaDex

Analytical Results Sheet

Customer:	Barbat, Mansour & Suciu PLLC	Report Number:	CDXA-ARS-24741-00
Address (City, State):	Detroit, MI	Project Number:	ORD75528
Sample Name:	Sundown Naturals St. John's Wort		
Sample Lot:	900508-02	Date Received:	18-Jun-15
CDXA Number:	CDXA-15-4800	Purchase Order:	Not provided
Assay:	Report Change for St. John's Wort for Hypericins by HPLC	Date of Report:	08-Jul-15
Part Number:	CDA-RPTCHG	Page:	1 of 4
Method:	ALC140A	Test Location:	Sub41

Analyte	Units	Spec.	Result	Reporting Limit
Hypericin	mg/serving	NA	0.290	--
PseudoHypericin (calculated as hypericin)	mg/serving	NA	0.113	--
Total Hypericin	**mg/serving**	**0.9**	**0.403**	**--**

Serving size: 2 capsules

Reference CDXA-ARS-24697-00 ORD74951 for original report

Signed original on file at CDXA

ND – Not Detected
BRL – Below reporting limit (compound detected below RL)

ChromaDex

4.9.1-CD-9.0-000044

Form 1A: Initial Investigation of Out of Specification (OOS) Results

Summary

Customer:	Barbat, Mansour & Suciu PLLC	Date:	8-Jul-15
Sample:	CDXA-15-4800	OOS #:	OOS-15-1017
Sample Name:	Sundown Naturals St. John's Wort		
Lot Number:	900508-02	Assay:	St. John's Wort for Hypericins by HPLC
		Part Number:	CDA-RPTCHG
Report:	CDXA-ARS-24741-00	Method:	ALC140A
ORD #:	ORD75528		
Analyst:	Sub41	Review:	Sarah Garthe

OOS Result:	**0.9 mg/serving**
Specification:	**0.403 mg/serving**

Preliminary Investigation

The OOS investigation should be conducted by the analyst and the analytical manager or group leader. If there is any reason to invalidate the data, document the reason below, invalidate the result and repeat the analysis.

Checklist	**Yes**	**No**	**Comments**
Laboratory Control Sample (LCS) within Limits	☒	☐	
Documentation			
Calculation Error	☐	☒	
Transcription Error	☐	☒	
Methodology			
Correct SOP Followed	☒	☐	
Deviated from SOP	☐	☒	
Samples, Standards, Reagents			
Check of Glassware Used	☒	☐	
Daily Balance Calibration Performed	☒	☐	
Instrument			
Calibration OK	☒	☐	
Continuing Calibration Passed	☒	☐	
Instrument Parameters OK	☒	☐	

Comments

Is data valid or invalid, give justification?

Sample or sampling issues?

Approval

If there is no reason to suspect the analyst's work the analytical manager will sign below. This form will be sent to the client so that they may discuss possible sample problems, re-sampling, and re-testing.

Manager/Designee Signature: Ashley B. Fowler

Digitally signed by Ashley B. Fowler
DN: cn=Ashley B. Fowler, o=Chromadex, ou=Analytical QA Specialist, email=AshleyF@chromadex.com, c=US
Date: 2015.07.09 10:53:43 -06'00'

Re-testing of Results (To be completed by customer)

After the client reviews the data, they are to decide if they would like the sample retested. The retest must be requested within 10 business days of the reports initial release. If the sample is retested, and the results are still OOS, the client will be billed for the retest. If the retest yields results that meet the client's specifications, the client will not be billed.

If re-test is requested, client/authorized sales representative should sign below and return this form to the laboratory. Form 2 will be used to document the retest results and assignable cause. Results for an OOS re-run will be released within 5 business days.

Client Authorization: _____ Date: _____

PO Number: _____ CDX Work Order: _____

EXHIBIT B

ChromaDex
10005 Muirlands Blvd., Suite G | Irvine, CA 92618
Phone. (949) 419-0288 | Fax: (949) 419-0294
www.chromadex.com

Form 1A: Initial Investigation of Out of Specification (OOS) Results

Summary

Customer:	Barbat, Mansour & Suciu PLLC	Date:	4-May-15
Sample:	CDXA-15-2642	OOS #:	OOS-15-0558
Sample Name:	Nature's Origin		
Lot Number:	765459-07	Assay:	Hypericins by HPLC
		Part Number:	CDA-00018505-ARS
Report:	CDXA-ARS-23920-00	Method:	ALC140A for Hypericin
ORD #:	ORD73062		
Analyst:	Sub41	Review:	Adriana Torres

OOS Result:	**0.613 mg/serving Total Hypericins**
Specification:	**0.9 mg/serving Total Hypericins**

Preliminary Investigation
The OOS investigation should be conducted by the analyst and the analytical manager or group leader. If there is any reason to invalidate the data, document the reason below, invalidate the result and repeat the analysis.

Checklist	**Yes**	**No**	**Comments**
Laboratory Control Sample (LCS) within Limits	☒	☐	
Documentation			
Calculation Error	☐	☒	
Transcription Error	☐	☒	
Methodology			
Correct SOP Followed	☒	☐	
Deviated from SOP	☐	☒	
Samples, Standards, Reagents			
Check of Glassware Used	☒	☐	
Daily Balance Calibration Performed	☒	☐	
Instrument			
Calibration OK	☒	☐	
Continuing Calibration Passed	☒	☐	
Instrument Parameters OK	☒	☐	

Comments

Is data valid or invalid, give justification?

Sample or sampling issues?

Approval

If there is no reason to suspect the analyst's work the analytical manager will sign below. This form will be sent to the client so that they may discuss possible sample problems, re-sampling, and re-testing.

Manager/Designee Signature: _____

Re-testing of Results (To be completed by customer)
After the client reviews the data, they are to decide if they would like the sample retested. The retest must be requested within 10 business days of the reports initial release. If the sample is retested, and the results are still OOS, the client will be billed for the retest. If the retest yields results that meet the client's specifications, the client will not be billed.

If re-test is requested, client/authorized sales representative should sign below and return this form to the laboratory. Form 2 will be used to document the retest results and assignable cause. Results for an OOS re-run will be released within 5 business days.

Client Authorization: _____ Date: _____

PO Number: _____ CDX Work Order: _____

ChromaDex

Analytical Results Sheet

Customer:	Barbat, Mansour & Suciu PLLC	Report Number:	CDXA-ARS-24697-00
Address (City, State):	Detroit, MI	Project Number:	ORD74951
Sample Name:	Nature's Origin St. John's Wort		
Sample Lot:	935064-11	Date Received:	18-Jun-15
CDXA Number:	CDXA-15-4801	Purchase Order:	Not provided
Assay:	St. John's Wort for Hypericins by HPLC	Date of Report:	01-Jul-15
Part Number:	CDA-00018505-ARS	Page:	2 of 4
Method:	ALC140A	Test Location:	Sub41

Analyte	Units	Spec.	Result	Reporting Limit
Hypericin	mg/serving	NA	0.386	--
PseudoHypericin (calculated as hypericin)	mg/serving	NA	0.220	--
Total Hypericin	**mg/serving**	**NA**	**0.606**	**--**

Serving size: 1 capsule

Signed original on file at CDXA

ND – Not Detected
BRL – Below reporting limit (compound detected below RL)

ChromaDex

Analytical Results Sheet

Customer:	Barbat, Mansour & Suciu PLLC	Report Number:	CDXA-ARS-24741-00
Address (City, State):	Detroit, MI	Project Number:	ORD75528
Sample Name:	Nature's Origin St. John's Wort		
Sample Lot:	935064-11	Date Received:	18-Jun-15
CDXA Number:	CDXA-15-4801	Purchase Order:	Not provided
Assay:	Report Change for St. John's Wort for Hypericins by HPLC	Date of Report:	08-Jul-15
Part Number:	CDA-RPTCHG	Page:	2 of 4
Method:	ALC140A	Test Location:	Sub41

Analyte	Units	Spec.	Result	Reporting Limit
Hypericin	mg/serving	NA	0.386	--
PseudoHypericin (calculated as hypericin)	mg/serving	NA	0.220	--
Total Hypericin	**mg/serving**	**0.9**	**0.606**	--

Serving size: 1 capsule

Reference CDXA-ARS-24697-00 ORD74951 for original report

Signed original on file at CDXA

ND – Not Detected
BRL – Below reporting limit (compound detected below RL)

ChromaDex

4.9.1-CD-9.0-000044

Form 1A: Initial Investigation of Out of Specification (OOS) Results

Summary

Customer:	Barbat, Mansour & Suciu PLLC	Date:	8-Jul-15
Sample:	CDXA-15-4801	OOS #:	OOS-15-1018
Sample Name:	Nature's Origin St. John's Wort		
Lot Number:	935064-11	Assay:	St. John's Wort for Hypericins by HPLC
		Part Number:	CDA-RPTCHG
Report:	CDXA-ARS-24741-00	Method:	ALC140A
ORD #:	ORD75528		
Analyst:	Sub41	Review:	Sarah Garthe

OOS Result:	**0.9 mg/serving**
Specification:	**0.606 mg/serving**

Preliminary Investigation

The OOS investigation should be conducted by the analyst and the analytical manager or group leader. If there is any reason to invalidate the data, document the reason below, invalidate the result and repeat the analysis.

Checklist	Yes	No	Comments
Laboratory Control Sample (LCS) within Limits	☒	☐	
Documentation			
Calculation Error	☐	☒	
Transcription Error	☐	☒	
Methodology			
Correct SOP Followed	☒	☐	
Deviated from SOP	☐	☒	
Samples, Standards, Reagents			
Check of Glassware Used	☒	☐	
Daily Balance Calibration Performed	☒	☐	
Instrument			
Calibration OK	☒	☐	
Continuing Calibration Passed	☒	☐	
Instrument Parameters OK	☒	☐	

Comments

Is data valid or invalid, give justification?

Sample or sampling issues?

Approval

If there is no reason to suspect the analyst's work the analytical manager will sign below. This form will be sent to the client so that they may discuss possible sample problems, re-sampling, and re-testing.

Manager/Designee Signature: _____

Re-testing of Results (To be completed by customer)

After the client reviews the data, they are to decide if they would like the sample retested. The retest must be requested within 10 business days of the reports initial release. If the sample is retested, and the results are still OOS, the client will be billed for the retest. If the retest yields results that meet the client's specifications, the client will not be billed.

If re-test is requested, client/authorized sales representative should sign below and return this form to the laboratory. Form 2 will be used to document the retest results and assignable cause. Results for an OOS re-run will be released within 5 business days.

Client Authorization: _____ Date: _____

PO Number: _____ CDX Work Order: _____

EXHIBIT C

ChromaDex

10005 Muirlands Blvd Suite G I Irvine, CA 92618
Phone: (949) 419-0288 I Fax: (949) 419-0294
www.chromadex.com

Analytical Results Sheet

Customer:	Barbat, Mansour & Suciu PLLC	Report Number:	CDXA-ARS-24300-00
Address (City, State):	Detroit, MI	Project Number:	ORD73888
Sample Name:	Nature's Bounty St. John's Wort		
Sample Lot:	935064-05	Date Received:	05-May-15
CDXA Number:	CDXA-15-3566	Purchase Order:	N/A
Assay:	Hypericins by HPLC	Date of Report:	21-May-15
Part Number:	CDA-00018505-ARS	Page:	1 of 2
Method:	ALC140A for Hypericin	Test Location:	Sub41

Analyte	Units	Spec.	Result	Reporting Limit
Hypericin	mg/serving	N/A	**0.355**	--
PseudoHypericin (calculated as hypericin)	mg/serving	N/A	**0.223**	--
Total Hypericins	mg/serving	0.9	**0.578**	--

Serving Size: 1 capsule

Signed original on file at CDXA

ND – Not Detected
BRL – Below reporting limit (compound detected below RL)

ChromaDex
10005 Muirlands Blvd., Suite G | Irvine, CA 92618
Phone: (949) 419-0288 | Fax: (949) 419-0294
www.chromadex.com

Form 1A: Initial Investigation of Out of Specification (OOS) Results

Summary

Customer:	Barbat, Mansour & Suciu PLLC	Date:	21-May-15
Sample:	CDXA-15-3566	OOS #:	OOS-15-0765
Sample Name:	Nature's Bounty St. John's Wort		
Lot Number:	935064-05	Assay:	Hypericins by HPLC
		Part Number:	CDA-00018505-ARS
Report:	CDXA-ARS-24300-00	Method:	ALC140A for Hypericin
ORD #:	ORD73888		
Analyst:	Sub41	Review:	Kristie Kokeny

OOS Result:	**0.578 mg/serving Total Hypericins**
Specification:	**0.9 mg/serving Total Hypericins**

Preliminary Investigation
The OOS investigation should be conducted by the analyst and the analytical manager or group leader. If there is any reason to invalidate the data, document the reason below, invalidate the result and repeat the analysis.

Checklist	Yes	No	Comments
Laboratory Control Sample (LCS) within Limits	☒	☐	
Documentation			
Calculation Error	☐	☒	
Transcription Error	☐	☒	
Methodology			
Correct SOP Followed	☒	☐	
Deviated from SOP	☐	☒	
Samples, Standards, Reagents			
Check of Glassware Used	☒	☐	
Daily Balance Calibration Performed	☒	☐	
Instrument			
Calibration OK	☒	☐	
Continuing Calibration Passed	☒	☐	
Instrument Parameters OK	☒	☐	

Comments

Is data valid or invalid, give justification?

Sample or sampling issues?

Approval

If there is no reason to suspect the analyst's work the analytical manager will sign below. This form will be sent to the client so that they may discuss possible sample problems, re-sampling, and re-testing.

Manager/Designee Signature: Kristie Kokeny Digitally signed by Kristie Kokeny DN: cn=Kristie Kokeny, o=ChromaDex, Inc., ou=Quality Assurance, email=kristiek@chromadex.com, c=US Date: 2015.05.21 16:14:00:39

Re-testing of Results (To be completed by customer)
After the client reviews the data, they are to decide if they would like the sample retested. The retest must be requested within 10 business days of the reports initial release. If the sample is retested, and the results are still OOS, the client will be billed for the retest. If the retest yields results that meet the client's specifications, the client will not be billed.

If re-test is requested, client/authorized sales representative should sign below and return this form to the laboratory. Form 2 will be used to document the retest results and assignable cause. Results for an OOS re-run will be released within 5 business days.

Client Authorization: _____ Date: _____

PO Number: _____ CDX Work Order: _____

EXHIBIT D

ChromaDex

Analytical Results Sheet

Customer:	Barbat, Mansour & Suciu PLLC	Report Number:	CDXA-ARS-24697-00
Address (City, State):	Detroit, MI	Project Number:	ORD74951
Sample Name:	Vitamin World St. John's Wort		
Sample Lot:	935064-08	Date Received:	18-Jun-15
CDXA Number:	CDXA-15-4803	Purchase Order:	Not provided
Assay:	St. John's Wort for Hypericins by HPLC	Date of Report:	01-Jul-15
Part Number:	CDA-00018505-ARS	Page:	4 of 4
Method:	ALC140A	Test Location:	Sub41

Analyte	Units	Spec.	Result	Reporting Limit
Hypericin	mg/serving	NA	0.369	--
PseudoHypericin (calculated as hypericin)	mg/serving	NA	0.238	--
Total Hypericin	**mg/serving**	**NA**	**0.607**	**--**

Serving size: 1 capsule

QA Verified/ Approved: Adriana Torres

Digitally signed by Adriana Torres
DN: cn=Adriana Torres, o=ChromaDex, ou=Quality Assurance, email=AdrianaT@chromadex.com, c=US
Date: 2015.07.01 14:08:32 -06'00'

Signed original on file at CDXA

ND – Not Detected
BRL – Below reporting limit (compound detected below RL)

ChromaDex

Analytical Results Sheet

Customer:	Barbat, Mansour & Suciu PLLC	Report Number:	CDXA-ARS-24741-00
Address (City, State):	Detroit, MI	Project Number:	ORD75528
Sample Name:	Vitamin World St. John's Wort		
Sample Lot:	935064-08	Date Received:	18-Jun-15
CDXA Number:	CDXA-15-4803	Purchase Order:	Not provided
Assay:	Report Change for St. John's Wort for Hypericins by HPLC	Date of Report:	08-Jul-15
Part Number:	CDA-RPTCHG	Page:	4 of 4
Method:	ALC140A	Test Location:	Sub41

Analyte	Units	Spec.	Result	Reporting Limit
Hypericin	mg/serving	NA	0.369	--
PseudoHypericin (calculated as hypericin)	mg/serving	NA	0.238	--
Total Hypericin	**mg/serving**	**0.9**	**0.607**	--

Serving size: 1 capsule

Reference CDXA-ARS-24697-00 ORD74951 for original report

QA Verified/ Approved: Sarah Garthe

Digitally signed by Sarah Garthe
DN: cn=Sarah Garthe, o=ChromaDex Analytics, ou=QA, email=sarahg@chromadex.com, c=US
Date: 2015.07.08 11:13:38 -06'00'

Signed original on file at CDXA

ND – Not Detected
BRL – Below reporting limit (compound detected below RL)

ChromaDex

4.9.1-CD-9.0-000044

Form 1A: Initial Investigation of Out of Specification (OOS) Results

Summary

Customer:	Barbat, Mansour & Suciu PLLC	Date:	8-Jul-15
Sample:	CDXA-15-4803	OOS #:	OOS-15-1020
Sample Name:	Vitamin World St. John's Wort		
Lot Number:	935064-08	Assay:	St. John's Wort for Hypericins by HPLC
		Part Number:	CDA-RPTCHG
Report:	CDXA-ARS-24741-00	Method:	ALC140A
ORD #:	ORD75528		
Analyst:	Sub41	Review:	Sarah Garthe

OOS Result:	**0.9 mg/serving**
Specification:	**0.607 mg/serving**

Preliminary Investigation

The OOS investigation should be conducted by the analyst and the analytical manager or group leader. If there is any reason to invalidate the data, document the reason below, invalidate the result and repeat the analysis.

Checklist	**Yes**	**No**	**Comments**
Laboratory Control Sample (LCS) within Limits	☒	☐	
Documentation			
Calculation Error	☐	☒	
Transcription Error	☐	☒	
Methodology			
Correct SOP Followed	☒	☐	
Deviated from SOP	☐	☒	
Samples, Standards, Reagents			
Check of Glassware Used	☒	☐	
Daily Balance Calibration Performed	☒	☐	
Instrument			
Calibration OK	☒	☐	
Continuing Calibration Passed	☒	☐	
Instrument Parameters OK	☒	☐	

Comments

Is data valid or invalid, give justification?

Sample or sampling issues?

Approval

If there is no reason to suspect the analyst's work the analytical manager will sign below. This form will be sent to the client so that they may discuss possible sample problems, re-sampling, and re-testing.

Manager/Designee Signature: _____

Re-testing of Results (To be completed by customer)

After the client reviews the data, they are to decide if they would like the sample retested. The retest must be requested within 10 business days of the reports initial release. If the sample is retested, and the results are still OOS, the client will be billed for the retest. If the retest yields results that meet the client's specifications, the client will not be billed.

If re-test is requested, client/authorized sales representative should sign below and return this form to the laboratory. Form 2 will be used to document the retest results and assignable cause. Results for an OOS re-run will be released within 5 business days.

Client Authorization: _____ Date: _____

PO Number: _____ CDX Work Order: _____

EXHIBIT E

ChromaDex
10005 Muirlands Blvd. Suite G | Irvine, CA 92618
Phone: (949) 419-0288 | Fax: (949) 419-0294
www.chromadex.com

Form 1A: Initial Investigation of Out of Specification (OOS) Results

Summary

Customer:	Barbat, Mansour & Suciu PLLC	Date:	4-May-15
Sample:	CDXA-15-2641	OOS #:	OOS-15-0557
Sample Name:	Puritan Pride		
Lot Number:	918564-07	Assay:	Hypericins by HPLC
		Part Number:	CDA-00018505-ARS
Report:	CDXA-ARS-23920-00	Method:	ALC140A for Hypericin
ORD #:	ORD73062		
Analyst:	Sub41	Review:	Adriana Torres

OOS Result:	**0.538 mg/serving Total Hypericins**
Specification:	**0.9 mg/serving Total Hypericins**

Preliminary Investigation
The OOS investigation should be conducted by the analyst and the analytical manager or group leader. If there is any reason to invalidate the data, document the reason below, invalidate the result and repeat the analysis.

Checklist	Yes	No	Comments
Laboratory Control Sample (LCS) within Limits	☒	☐	
Documentation			
Calculation Error	☐	☒	
Transcription Error	☐	☒	
Methodology			
Correct SOP Followed	☒	☐	
Deviated from SOP	☐	☒	
Samples, Standards, Reagents			
Check of Glassware Used	☒	☐	
Daily Balance Calibration Performed	☒	☐	
Instrument			
Calibration OK	☒	☐	
Continuing Calibration Passed	☒	☐	
Instrument Parameters OK	☒	☐	

Comments

Is data valid or invalid, give justification?

Sample or sampling issues?

Approval

If there is no reason to suspect the analyst's work the analytical manager will sign below. This form will be sent to the client so that they may discuss possible sample problems, re-sampling, and re-testing.

Manager/Designee Signature: Adriana Torres Digitally signed by Adriana Torres DN: cn=Adriana Torres, o=ChromaDex, ou=Quality Assurance, email=AdrianaT@chromadex.com, c=US Date: 2015.05.04 08:37:18 -05'00'

Re-testing of Results (To be completed by customer)
After the client reviews the data, they are to decide if they would like the sample retested. The retest must be requested within 10 business days of the reports initial release. If the sample is retested, and the results are still OOS, the client will be billed for the retest. If the retest yields results that meet the client's specifications, the client will not be billed.

If re-test is requested, client/authorized sales representative should sign below and return this form to the laboratory. Form 2 will be used to document the retest results and assignable cause. Results for an OOS re-run will be released within 5 business days.

Client Authorization: _____ Date: _____

PO Number: _____ CDX Work Order: _____

ChromaDex

Analytical Results Sheet

Customer:	Barbat, Mansour & Suciu PLLC	Report Number:	CDXA-ARS-24697-00
Address (City, State):	Detroit, MI	Project Number:	ORD74951
Sample Name:	Puritan Pride St. John's Wort		
Sample Lot:	919438-01	Date Received:	18-Jun-15
CDXA Number:	CDXA-15-4802	Purchase Order:	Not provided
Assay:	St. John's Wort for Hypericins by HPLC	Date of Report:	01-Jul-15
Part Number:	CDA-00018505-ARS	Page:	3 of 4
Method:	ALC140A	Test Location:	Sub41

Analyte	Units	Spec.	Result	Reporting Limit
Hypericin	mg/serving	NA	0.411	--
PseudoHypericin (calculated as hypericin)	mg/serving	NA	0.204	--
Total Hypericin	**mg/serving**	**NA**	**0.615**	**--**

Serving size: 1 capsule

Signed original on file at CDXA

ND – Not Detected
BRL – Below reporting limit (compound detected below RL)

ChromaDex

Analytical Results Sheet

Customer:	Barbat, Mansour & Suciu PLLC	Report Number:	CDXA-ARS-24741-00
Address (City, State):	Detroit, MI	Project Number:	ORD75528
Sample Name:	Puritan Pride St. John's Wort		
Sample Lot:	919438-01	Date Received:	18-Jun-15
CDXA Number:	CDXA-15-4802	Purchase Order:	Not provided
	Report Change for St. John's Wort for		
Assay:	Hypericins by HPLC	Date of Report:	08-Jul-15
Part Number:	CDA-RPTCHG	Page:	3 of 4
Method:	ALC140A	Test Location:	Sub41

Analyte	Units	Spec.	Result	Reporting Limit
Hypericin	mg/serving	NA	0.411	--
PseudoHypericin (calculated as hypericin)	mg/serving	NA	0.204	--
Total Hypericin	**mg/serving**	**0.9**	**0.615**	**--**

Serving size: 1 capsule

Reference CDXA-ARS-24697-00 ORD74951 for original report

Signed original on file at CDXA

ND – Not Detected
BRL – Below reporting limit (compound detected below RL)

ChromaDex

4.9.1-CD-9.0-000044

Form 1A: Initial Investigation of Out of Specification (OOS) Results

Summary

Customer:	Barbat, Mansour & Suciu PLLC	Date:	8-Jul-15
Sample:	CDXA-15-4802	OOS #:	OOS-15-1019
Sample Name:	Puritan Pride St. John's Wort		
Lot Number:	919438-01	Assay:	St. John's Wort for Hypericins by HPLC
		Part Number:	CDA-RPTCHG
Report:	CDXA-ARS-24741-00	Method:	ALC140A
ORD #:	ORD75528		
Analyst:	Sub41	Review:	Sarah Garthe

OOS Result:	**0.9 mg/serving**
Specification:	**0.615 mg/serving**

Preliminary Investigation

The OOS investigation should be conducted by the analyst and the analytical manager or group leader. If there is any reason to invalidate the data, document the reason below, invalidate the result and repeat the analysis.

Checklist	**Yes**	**No**	**Comments**
Laboratory Control Sample (LCS) within Limits	☒	☐	
Documentation			
Calculation Error	☐	☒	
Transcription Error	☐	☒	
Methodology			
Correct SOP Followed	☒	☐	
Deviated from SOP	☐	☒	
Samples, Standards, Reagents			
Check of Glassware Used	☒	☐	
Daily Balance Calibration Performed	☒	☐	
Instrument			
Calibration OK	☒	☐	
Continuing Calibration Passed	☒	☐	
Instrument Parameters OK	☒	☐	

Comments

Is data valid or invalid, give justification?

Sample or sampling issues?

Approval

If there is no reason to suspect the analyst's work the analytical manager will sign below. This form will be sent to the client so that they may discuss possible sample problems, re-sampling, and re-testing.

Manager/Designee Signature: _____

Re-testing of Results (To be completed by customer)

After the client reviews the data, they are to decide if they would like the sample retested. The retest must be requested within 10 business days of the reports initial release. If the sample is retested, and the results are still OOS, the client will be billed for the retest. If the retest yields results that meet the client's specifications, the client will not be billed.

If re-test is requested, client/authorized sales representative should sign below and return this form to the laboratory. Form 2 will be used to document the retest results and assignable cause. Results for an OOS re-run will be released within 5 business days.

Client Authorization: _____ Date: _____

PO Number: _____ CDX Work Order: _____