

EXHIBIT A



10000 Muirlands Blvd., Suite G | Irvine, CA 92618
 Phone: (949) 419-0288 | Fax: (949) 419-0294
 www.chromadex.com

Analytical Results Sheet

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

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=kristie@chromadex.com, c=US
 Date: 2015.05.21 16:27:49 -06'00'

Signed original on file at CDXA

This product analysis is subject to our "Standard Terms and Conditions for the Purchase and Sale of ChromaDex Products and or Services," a copy of which has been provided to our client and is incorporated herein by this reference. As more specifically set forth therein, this product analysis is for the benefit of our client only, may not be relied upon by any other party without our prior written consent, relates solely to the sample(s) provided to us by our client and therefore cannot be applied to any other material or sample. Unless otherwise noted, samples were received in acceptable condition and analyzed as received. This document may not be printed in part without the explicit permission of ChromaDex.

ND – Not Detected

BRL – Below reporting limit (compound detected below RL)



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

Summary

Customer: Barbat, Mansour & Suci PLLC
 Sample: CDXA-15-3567
 Sample Name: Sundown Naturals St. John's Wort
 Lot Number: 901486-06

Date: 21-May-15
 OOS #: OOS-15-0766

Report: CDXA-ARS-24300-00
 ORD #: ORD73888

Assay: Hypericins by HPLC
 Part Number: CDA-00018505-ARS
 Method: ALC140A for Hypericin

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Calculation Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transcription Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Methodology			
Correct SOP Followed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Deviated from SOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Samples, Standards, Reagents			
Check of Glassware Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Daily Balance Calibration Performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument			
Calibration OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Continuing Calibration Passed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument Parameters OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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: _____



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	Date Received:	18-Jun-15
Sample Lot:	900508-02	Purchase Order:	Not provided
CDXA Number:	CDXA-15-4800	Date of Report:	01-Jul-15
Assay:	St. John's Wort for Hypericins by HPLC	Page:	1 of 4
Part Number:	CDA-00018505-ARS	Test Location:	Sub41
Method:	ALC140A		

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

This product analysis is subject to our "Standard Terms and Conditions for the Purchase and Sale of ChromaDex Products and/or Services," a copy of which has been provided to our client and is incorporated herein by this reference. As more specifically set forth therein, this product analysis is for the benefit of our client only, may not be relied upon by any other party without our prior written consent, relates solely to the sample(s) provided to us by our client and therefore cannot be applied to any other material or sample. Unless otherwise noted, samples were received in acceptable condition and analyzed as received. This document may not be printed in part without the explicit permission of ChromaDex.

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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	Date Received:	18-Jun-15
Sample Lot:	900508-02	Purchase Order:	Not provided
CDXA Number:	CDXA-15-4800		
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

This product analysis is subject to our "Standard Terms and Conditions for the Purchase and Sale of ChromaDex Products and/or Services," a copy of which has been provided to our client and is incorporated herein by this reference. As more specifically set forth therein, this product analysis is for the benefit of our client only, may not be relied upon by any other party, without our prior written consent, relates solely to the sample(s) provided to us by our client and therefore cannot be applied to any other material or sample. Unless otherwise noted, samples were received in acceptable condition and analyzed as received. This document may not be printed in part without the explicit permission of ChromaDex.

ND – Not Detected

BRL – Below reporting limit (compound detected below RL)



4.9.1-CD-9.0-000044

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

Summary

Customer:	Barbot, Mansour & Suci PLLC	Date:	8-Jul-15
Sample:	CDXA-15-4800	OOS #:	OOS-15-1017
Sample Name:	Sundown Naturals St. John's Wort	Assay:	St. John's Wort for Hypericins by HPLC
Lot Number:	900508-02	Part Number:	CDA-RPTCHG
		Method:	ALC140A
Report:	CDXA-ARS-24741-00		
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Calculation Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transcription Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Methodology			
Correct SOP Followed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Deviated from SOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Samples, Standards, Reagents			
Check of Glassware Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Daily Balance Calibration Performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument			
Calibration OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Continuing Calibration Passed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument Parameters OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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.

Ashley B. Fowler

Digitally signed by Ashley B. Fowler
DN: cn=Ashley B. Fowler, o=Chromadex
email=Ashley.F@chromadex.com, c=US
Date: 2015.07.09 10:50:43 -0600

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: _____

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EXHIBIT B



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

Summary

Customer: Barbat, Mansour & Suci PLLC
 Sample: CDXA-15-2642
 Sample Name: Nature's Origin
 Lot Number: 765459-07

Date: 4-May-15
 OOS #: OOS-15-0558

Report: CDXA-ARS-23920-00
 ORD #: ORD73062

Assay: Hypericins by HPLC
 Part Number: CDA-00018505-ARS
 Method: ALC140A for Hypericin

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Calculation Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transcription Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Methodology			
Correct SOP Followed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Deviated from SOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Samples, Standards, Reagents			
Check of Glassware Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Daily Balance Calibration Performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument			
Calibration OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Continuing Calibration Passed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument Parameters OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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.

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Client Authorization: _____ Date: _____

PO Number: _____ CDX Work Order: _____



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	Date Received:	18-Jun-15
Sample Lot:	935064-11	Purchase Order:	Not provided
CDXA Number:	CDXA-15-4801	Date of Report:	01-Jul-15
Assay:	St. John's Wort for Hypericins by HPLC	Page:	2 of 4
Part Number:	CDA-00018505-ARS	Test Location:	Sub41
Method:	ALC140A		

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

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Analytical Results Sheet

Customer:	Barbat, Mansour & Suciú PLLC	Report Number:	CDXA-ARS-24741-00
Address (City, State):	Detroit, MI	Project Number:	ORD75528
Sample Name:	Nature's Origin St. John's Wort	Date Received:	18-Jun-15
Sample Lot:	935064-11	Purchase Order:	Not provided
CDXA Number:	CDXA-15-4801		
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

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ND – Not Detected

BRL – Below reporting limit (compound detected below RL)



4.9.1-CD-9.0-000044

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

Summary

Customer:	Barbat, Mansour & Suci PLLC	Date:	8-Jul-15
Sample:	CDXA-15-4801	OOS #:	OOS-15-1018
Sample Name:	Nature's Origin St. John's Wort	Assay:	St. John's Wort for Hypericins by HPLC
Lot Number:	935064-11	Part Number:	CDA-RPTCHG
Report:	CDXA-ARS-24741-00	Method:	ALCI40A
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Calculation Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transcription Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Methodology			
Correct SOP Followed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Deviated from SOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Samples, Standards, Reagents			
Check of Glassware Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Daily Balance Calibration Performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument			
Calibration OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Continuing Calibration Passed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument Parameters OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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: _____

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EXHIBIT C



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 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	Date Received:	05-May-15
Sample Lot:	935064-05	Purchase Order:	N/A
CDXA Number:	CDXA-15-3566	Date of Report:	21-May-15
Assay:	Hypericins by HPLC	Page:	1 of 2
Part Number:	CDA-00018505-ARS	Test Location:	Sub41
Method:	ALC140A for Hypericin		

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

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ND – Not Detected

BRL – Below reporting limit (compound detected below RL)



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

Summary

Customer:	Barbat, Mansour & Suci PLLC	Date:	21-May-15
Sample:	CDXA-15-3566	OOS #:	OOS-15-0765
Sample Name:	Nature's Bounty St. John's Wort	Assay:	Hypericins by HPLC
Lot Number:	935064-05	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Calculation Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transcription Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Methodology			
Correct SOP Followed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Deviated from SOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Samples, Standards, Reagents			
Check of Glassware Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Daily Balance Calibration Performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument			
Calibration OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Continuing Calibration Passed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument Parameters OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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 **Kristie Kokeny**
 Signature: _____

Digitally signed by Kristie Kokeny
 DN: cn=Kristie Kokeny, o=Chromadex, Inc., ou=Quality Assurance,
 email=kristie@chromadex.com, c=US
 Date: 2015.05.21 16:14:06-07

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



Analytical Results Sheet

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

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

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 -0600

QA Verified/ Approved:

Signed original on file at CDXA

This product analysis is subject to our "Standard Terms and Conditions for the Purchase and Sale of ChromaDex Products and/or Services," a copy of which has been provided to our client and is incorporated herein by this reference. As more specifically set forth therein, this product analysis is for the benefit of our client only, may not be relied upon by any other party, without our prior written consent, relative solely to the sample(s) provided to us by our client and therefore cannot be applied to any other material or sample. Unless otherwise noted, samples were received in acceptable condition and analyzed as received. This document may not be printed in part without the explicit permission of ChromaDex.

ND – Not Detected

BRL – Below reporting limit (compound detected below RL)



Analytical Results Sheet

Customer:	Barbat, Mansour & Suci PLLC	Report Number:	CDXA-ARS-24741-00
Address (City, State):	Detroit, MI	Project Number:	ORD75528
Sample Name:	Vitamin World St. John's Wort	Date Received:	18-Jun-15
Sample Lot:	935064-08	Purchase Order:	Not provided
CDXA Number:	CDXA-15-4803		
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 -0600

Signed original on file at CDXA

This product analysis is subject to our "Standard Terms and Conditions for the Purchase and Sale of ChromaDex Products and/or Services," a copy of which has been provided to our client and is incorporated herein by this reference. As more specifically set forth therein, this product analysis is for the benefit of our client only, may not be relied upon by any other party, without our prior written consent, relates solely to the sample(s) provided to us by our client and therefore cannot be applied to any other material or sample. Unless otherwise noted, samples were received in acceptable condition and analyzed as received. This document may not be printed in part without the explicit permission of ChromaDex.

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



4.9.1-CD-9.0-000044

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

Summary

Customer:	Barbat, Mansour & Suci PLLC	Date:	8-Jul-15
Sample:	CDXA-15-4803	OOS #:	OOS-15-1020
Sample Name:	Vitamin World St. John's Wort	Assay:	St. John's Wort for Hypericins by HPLC
Lot Number:	935064-08	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Documentation			
Calculation Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transcription Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Methodology			
Correct SOP Followed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Deviated from SOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Samples, Standards, Reagents			
Check of Glassware Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Daily Balance Calibration Performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument			
Calibration OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Continuing Calibration Passed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument Parameters OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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: _____

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EXHIBIT E



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
 Sample: CDXA-15-2641
 Sample Name: Puritan Pride
 Lot Number: 918564-07

Date: 4-May-15
 OOS #: OOS-15-0557

Report: CDXA-ARS-23920-00
 ORD #: ORD73062

Assay: Hypericins by HPLC
 Part Number: CDA-00018505-ARS
 Method: ALC140A for Hypericin

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Calculation Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transcription Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Methodology			
Correct SOP Followed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Deviated from SOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Samples, Standards, Reagents			
Check of Glassware Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Daily Balance Calibration Performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument			
Calibration OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Continuing Calibration Passed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument Parameters OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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 08:31:18 -0500

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: _____



Analytical Results Sheet

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

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

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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	Date Received:	18-Jun-15
Sample Lot:	919438-01	Purchase Order:	Not provided
CDXA Number:	CDXA-15-4802		
Assay:	Report Change for St. John's Wort for 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

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4.9.1-CD-9.0-000044

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

Summary

Customer:	Barbat, Mansour & Suci PLLC	Date:	8-Jul-15
Sample:	CDXA-15-4802	OOS #:	OOS-15-1019
Sample Name:	Puritan Pride St. John's Wort	Assay:	St. John's Wort for Hypericins by HPLC
Lot Number:	919438-01	Part Number:	CDA-RPTCHG
Report:	CDXA-ARS-24741-00	Method:	ALC140A
ORD #:	ORD75528	Analyst:	Sub41
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Calculation Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transcription Error	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Methodology			
Correct SOP Followed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Deviated from SOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Samples, Standards, Reagents			
Check of Glassware Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Daily Balance Calibration Performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument			
Calibration OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Continuing Calibration Passed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Instrument Parameters OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Comments

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