



Alliance Analytical Laboratories, Inc.

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



Test methods marked with ^ are accredited under the laboratory's ISO/IEC 17025:2017 accreditation issued by ANSI National Accreditation Board. Refer to certificate and scope of accreditation AT-2044

TEST RESULTS REPORT

CUSTOMER Kratom Spot

Email: info@kratomspot.com;

SAMPLE DESCRIPTION Kratom Leaf Powder W/Extract Lot 197

SAMPLE DATE

DATE RECEIVED 4/24/2026

REFERENCE NUMBER 202969944: 2623534 **Customer PO**

TEMPERATURE AT RECEIVING



Test Requested	Test Method	Results	Ref Number	Start Date
7-OH PPM on Dry Weight Basis	Analyst: 64	<105 ppm		4/28 8:10 AM
Moisture	Analyst: 59	3.96 %	20175:124	4/28 3:00 PM
Kratom P3				
7 Hydroxymitragynine	Analyst: 64	<0.01 %	20172:107	4/28 8:10 AM
Mitragynine	Analyst: 64	2.61 %	20172:107	4/28 8:10 AM
Aerobic Plate Count	^Bam Ch 3 Analyst: 65	Log: 4.4 28000 cfu/g		4/24 2:54 PM
Coliform	^AOAC 991.14 Analyst: 65	Log: 2.9 800 cfu/g		4/24 12:08 PM
Mold	^Bam Ch18 Analyst: 65	Log: 4.0 10000 cfu/g		4/24 2:54 PM
Staphylococcus aureus	CMMEF 39.52 Analyst: 65	<3 mpn/g		4/24 12:08 PM
Yeast	^Bam Ch18 Analyst: 65	Log: <2.0 <100 cfu/g		4/24 2:54 PM
E.coli Generic	^AOAC 991.14 Analyst: 65	Log: <2.0 <100 cfu/g		4/24 12:08 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: 5/4/2026

Date: 5/4/2026

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SAMPLE DESCRIPTION Kratom Leaf Powder W/Extract Lot 197
SAMPLE DATE
DATE RECEIVED 4/24/2026
REFERENCE NUMBER 202969944: 2623534 **Customer PO**
TEMPERATURE AT RECEIVING



Test Requested	Test Method	Results	Ref Number	Start Date
Salmonella	^AOAC 2009.03 Analyst: 40	Negative/25g		4/24 11:58 AM Kit Lot Number: GDSSL09052514E
Arsenic	Analyst: 45	0.523 mg/kg	20179:53	4/27 7:32 AM
Cadmium	Analyst: 45	<0.5 mg/kg	20179:53	4/27 7:32 AM
Lead	Analyst: 45	0.811 mg/kg	20179:56	4/29 7:53 AM
Mercury	Analyst: *212 ID#8001	<0.19 mg/kg	26D1381-01	4/29 12:00 PM *Subcontracted EPA 7471B

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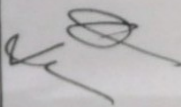
Audrey Monroe - Laboratory Director

Date: 5/4/2026

Date: 5/4/2026

Alliance Analytical Laboratories Inc.
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 Suite A
 Coopersville, MI 49404

SAMPLE SUBMITTAL FORM



APR 24 AM 9:56

616-837-7670 - Phone
 616-837-7701 - Fax

Client Name Kratom Spot		P.O. Number or Project Identification		Report Data To:	
Address		Contract Person		Phone and Fax	
City	State	Zip Code		email info@kratomspot.com	
Sample Site No. If Applicable	Lot Number	SAMPLE DESCRIPTION	ANALYSIS REQUESTED Use Sample Key	Special Reporting Requirements	
3534	197	Kratom Leaf Powder W/ Extract	P3 + 7-OH ppm on dry weight basis		
3535	198	Kratom Leaf Powder W/ Extract	P3 + 7-OH ppm on dry weight basis		
3536	199	Kratom Leaf Powder W/ Extract	P3 + 7-OH ppm on dry weight basis		
3537	200	Kratom Leaf Powder W/ Extract	P3 + 7-OH ppm on dry weight basis		
3538	201	Kratom Leaf Powder W/ Extract	P3 + 7-OH ppm on dry weight basis		
3539	202	Kratom Leaf Powder W/ Extract	P3 + 7-OH ppm on dry weight basis		

Analytical Test Request KEY

T-1 Total Aerobic Plate Count	\$18.00	T-6 Mitragynine	\$40.00
T-2 E.coli OH Coliform	\$15.00 Each	T-7 7-Hydroxymitragynine	\$80.00
T-3 Yeast & Mold	\$18.00	T-8 Heavy metals	\$115.00
T-4 Uteria sp.	\$45.00	T-9 Staphylococcus sp.	\$20.00
T-5 Salmonella	\$55.00 FDA BAM		
	\$35.00 PCR		

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

- PACKAGES**
- P1 \$120.00 Total Aerobic Plate Count, E.coli, coliform, Yeast, Mold, Staphylococcus sp, Salmonella
 - P2 \$230.00 Mitragynine, 7 hydroxymitragynine, Heavy metals
 - P3 \$320.00 Total Aerobic Plate Count, E.coli, coliform, Yeast, Mold, Staphylococcus sp, Salmonella, mitragynine, 7 hydroxymitragynine, and heavy metals

Each sample submitted receives a \$2.00 fee associated with them. Testing packages do not incur this fee.

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