

Sample Submittal Form - Virginia Cooperative Extension



Cumberland Valley Analytical Services

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Mailing Address:

P.O. Box 669

Maugansville, MD 21767

Lab Use	
Date	
Time	
Batch	
Mail Charge	

Party to Bill			Copy 1			Copy 2		
Account #			Account #			Account #		
Name			Name			Name		
Address			Address			Address		
City		Reporting Method(s):	City		Reporting Method(s):	City		Reporting Method(s):
State, Zip		Mail	State, Zip		Mail	State, Zip		Mail
Phone		Fax	Phone		Fax	Phone		Fax
Fax		Email	Fax		Email	Fax		Email
Email		Internet	Email		Internet	Email		Internet

Lab Use	Sample #	*REQUIRED* County Code	Farm Name	*REQUIRED* Use Code	Description	Cutting	Year	Date Sampled	Standard Package Codes	Option Code

Pending pre-approval, additional analyses may be covered in individual cases.
Pre-approval is required before submitting samples for any analysis not listed on this form. Extension Units will be responsible for all unapproved analyses.

Approved Analyses	
Packages	Options
03 RFV Analysis	47 Nitrates
06 NIR 1 Analysis	
09 Beef Analysis	



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