

MED-STOP MRO SERVICES 9950 LAWRENCE AVE STE 403 SCHILLER PARK IL 60176 PHONE: (877) 633-3633 FAX: (847) 647-6608 EMAIL: mro@med-stop.com

## MRO RESULT

TO:

ZIGI FREIGHT INC 6850 W 63RD STREET CHICAGO IL 60638 PHONE: (630) 485-7370 FAX: (630) 485-6980

ATTENTION TO: NIKOLA STAMENKOVIC

SUBJECT:

URINE DRUG TESTING RESULTS

DOCUMENT CREATED AT: 12/04/2023 11:18 AM CST UTC-6

PAGES:

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THIS SECURE FAX NUMBER HAS BEEN PROVIDED TO MED-STOP MRO SERVICES BY EMPLOYERS REPRESENTATIVE IDENTIFIED AS SAFETY OFFICER

PLEASE FORWARD TO THE SAFETY OFFICER

CONFIDENTIAL

## **RESULTS OF SAMSHA (NIDA) CONTROLLED TEST**

PURPOSE OF TEST:	SPECIMEN ID:
PRE-EMPLOYMENT	CF15807942
COLLECTION DATE / TIME: 11/30/2023 10:47 AM CST UTC-6 TEST RESULT:	TESTING AUTHORITY: DOT FMCSA
NEGATIVE	

MED-STOP MRO SERVICES 9950 LAWRENCE AVE STE 403 SCHILLER PARK IL 60176 PHONE: (877) 633-3633 FAX: (847) 647-6608 EMAIL: mro@med-stop.com

TEST LAB PANEL: W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS				
EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:			
RUIZ TOLEDANO, MANUEL ALEJANDRO	ZIGI FREIGHT INC			
DONOR ID:	6850 W 63RD STREET			
FLR234541864450	CHICAGO IL 60638			
LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:			
MED-STOP HICKORY HILLS	CLINICAL REFERENCE LABORATORY			
7831 W 95TH ST	8433 QUIVIRA			
HICKORY HILLS IL 60457	LENEXA KS 66215			
PHONE: (708) 546-0551	PHONE: (800) 452-5677			
MEDICAL REVIEW OFFICER:	LAB RESULT RECEIVED AT:			
KWIECINSKI PAWEL K	12/01/2023 10:26 AM CST UTC-6			
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:			
$\Omega/$	11/30/2023 10:50 AM CST UTC-6			
freen und	DATE / TIME THE RESULT BECAME AVAILABLE:			
	12/01/2023 10:35 AM CST UTC-6			

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

**RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE** 

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	4 2			8433 Quivira Road Lenexa, KS 66215	CRL.
SPECIMEN ID NO.	_	IT NO. YMS.DOT1.			
STEP 1: COMPLETED BY COLLECTOR O A. Employer Name, Address, I.D. No. NIKOLA STAMENKOVIC ZIGI FREIGHT INC	R EMPLOYER REPR	ESENTATIVE Site Locat	ion B. MRO N PAWEL MED-S	ESSION NO. lame, Address, Phone No. and F . KWIECINSKI, MD (MRO4478 TOP INC	ax No. 3)
6850 W 63RD ST CHICAGO, IL 60638 Phone#: (630)485-7370 / Fax#: (630)4	FL	R234541864	SUITE SCHILI	AWRENCE AVE 403 .ER PARK, IL 60176 #: (877)633-3633 / Fax#: (847)	647-6608
	NRCSpecify D		Post Accident Return		G (specify)
G. Collection Site Address: Med Stop - I	-	Collection Site C		t Info: Phone (708)546-055	
7831 W 95t	h St Ste J s, IL 60457-2388	- YMS.00	03	Fax (708)295-916 Other info@med-stop.	
STEP 2: COMPLETED BY COLLECTOR (	•	— 1 appropriate).			
COLLECTION: X Split Single	None Provided, E	inter Remark.			
URINE: Collector reads urine temperature	within 4 minutes. Temp	perature between 90° and	100°F? X Yes	No, Enter Remark Observed	, Enter Remark
ORAL FLUID: Split Type: Serial	Concurrent Subdiv	ided Each Device With	in Expiration Date?	No Volume Indica	ator(s) Observed
REMARKS:		I			
STEP 3: Collector affixes seal(s) to bottle(s		.,	.,	tes STEP 5 on Copy 2 (MRO Copy	y)
STEP 4: CHAIN OF CUSTODY - INITIAT	e certification section on Copy 2 of ti				
sealed, and released to the Deliver arvice noted in accordance wit	th applicable federal requirements.	i	SPECIMEN BOTTLE(S)	/TUBE(S) RELEASED TO:	
$\mathbf{x}$ $\mathbf{y}$				FedEx	
Signature Malgorzata Bodyziak	e of Collector 11/30/2023	AM X 10:47 CST PM		X Other <u>CRL Courier</u>	
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr)	10.47 C31 114			
		Time of Collection		Name of Delivery Service	
STEP 5: COMPLETED BY DONOR		I		·	
STEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collector; th provided on this form and on the label affixed to each specim	nat I have not adulterated it in ar en bottle/tube is correct.	I	/tube used was sealed with a tamper	·	prmation
I certify that I provided my urine specimen to the collector; th	hat I have not adulterated it in an en bottle/tube is correct.	ny manner; each specimen bottle; MANUEL	A RUIZ TOLEDANO	evident seal in my presence; and that the info	/30/2023
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