

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:

12/08/2023 04:25 PM CST UTC-6

PAGES:

2

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

12231130419332 PAGE 1 OF 2

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST: SPECIMEN ID: MED-STOP MRO SERVICES

PRE-EMPLOYMENT CF15808252 9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME: TESTING AUTHORITY: SCHILLER PARK IL 60176

11/30/2023 03:40 PM DOT FMCSA PHONE: (877) 633-3633 FAX: (847) 647-6608

CST UTC-6 FAX: (847) 647-6608

TEST RESULT: EMAIL: mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: NAME OF COMPANY / LOCATION:

OWENS, CHASE RYAN ZIGI FREIGHT INC

DONOR ID: 6850 W 63RD STREET

TX23136306 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 10:24 AM CST UTC-6

SIGNATURE: MRO COPY BECAME AVAILABLE AT:

11/30/2023 03:45 PM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:

12/01/2023 10:33 AM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR 40 REGULATIONS

mun) III

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

12231130419332 PAGE 2 OF 2

Signature of Medical Review Officer



STEP 1: COMPLETED BY	NO.	CLIENT NO	. YMS.DOT1.D		
	COLLECTOR OR EMPLO	YER REPRESENT	ATIVE	ACCESSIO	DN NO.
A. Employer Name, Address NIKOLA STAMENKOVIC ZIGI FREIGHT INC 6850 W 63RD ST CHICAGO, IL 60638 Phone#: (630)485-7370	•	TV 22	Site Location	PAWEL KWI MED-STOP 1 9950 LAWR SUITE 403 SCHILLER P	ENCE AVE ARK, IL 60176
C. Donor SSN, Employee I.I	D No or CDI State and N		136306	Phone#: (8)	77)633-3633 / Fax#: (847)647-6608
D. Specify Testing Authority E. Reason for Test: X Pre- F. Drug Tests to be Perform	HHS NRC	Specify DOT Age Reasonable Susp		ost Accident Return to Du	
G. Collection Site Address:	Med Stop - Hickory H	ills	Collection Site Cod	e: Collector Contact Info	: Phone (708)546-0551
	7831 W 95th St Ste J		MS.000	3	Fax (708)295-9162
	Hickory Hills, IL 6045	7-2388			Other info@med-stop.com
STEP 2: COMPLETED BY	COLLECTOR (make rem	arks when appro	opriate).	X URINE	ORAL FLUID
COLLECTION: X Split	Single Non	e Provided, Enter Rei	mark.		
URINE: Collector reads urin	e temperature within 4 m	nutes. Temperature	between 90° and 10	0°F? X Yes No,	Enter Remark Observed, Enter Remark
ORAL FLUID: Split Type:	Serial Concurrent	Subdivided	Each Device Within	Expiration Date? Yes	No Volume Indicator(s) Observed
REMARKS: STEP 3: Collector affixes se	al(s) to bottle(s)/tube(s).	Collector dates sea	al(s). Donor initials	s seal(s). Donor completes S	TEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTO				MED-STOP INC 9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176 Phone#: (877)633-3633 / Fax#: (847)647-6608 CCSA FAA FRA FTA PHMSA USCG Post Accident Return to Duty Follow-up Other (specify) Code: Collector Contact Info: Phone (708)546-0551 Fax (708)295-9162 Other info@med-stop.com X URINE ORAL FLUID Cd 100°F? X Yes No, Enter Remark Observed, Enter Remark Thin Expiration Date? Yes No Volume Indicator(s) Observed Citials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)	
I certify that the specimen given to me by the sealed, and released to the Delivery Service	he donor identified in the certification sect noted in accordance with applicable fede	tion on Copy 2 of this form wa ral requirements.	as collected, labeled,		
x Remarks Who	www				
	Signature of Collector	/2022 2.4	AM		X Other CRL Courier
Agnieszka Horodo (PRINT) Collector's Name (Fir			10 CST PM X	Nam	e of Delivery Service
STEP 5: COMPLETED BY I	DONOR				
I certify that I provided my urine specin provided on this form and on the label a			r; each specimen bottle/tul	ne used was sealed with a tamper-evident	seal in my presence; and that the information
x //			CHAS	SE R OWENS	11/30/2023
	of Donor	_	(PRINT) Dono		
			` ,	's Name (First, MI, Last)	Date (Mo/Day/Yr)
	0. 20.10.	Daytime Phone	, ,	, , , ,	Date (Mo/Day/Yr) 8/21/1989
Email address: N/A		<u> </u>	No. <u>806535102</u>	26 Evening Phone No. 8065	Date (Mo/Day/Yr) 8/21/1989 Date of Birth (Mo/Day/Yr)
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(PRINT) Medical Review Officer's Name (First, MI, Last)