



MED-STOP MRO SERVICES
7042 N MILWAUKEE AVE
NILES IL 60714
PHONE: (877) 633-3633
FAX: (847) 647-6608
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:

12/8/2022 4:09 PM

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: | MED-STOP MRO SERVICES |
| PRE-EMPLOYMENT | CF11262202 | 7042 N MILWAUKEE AVE |
| COLLECTION DATE / TIME: | TESTING AUTHORITY: | NILES IL 60714 |
| 12/5/2022 1:44 PM | DOT FMCSA | PHONE: (877) 633-3633 |
| | | FAX: (847) 647-6608 |
| TEST RESULT: | | mro@med-stop.com |

NEGATIVE

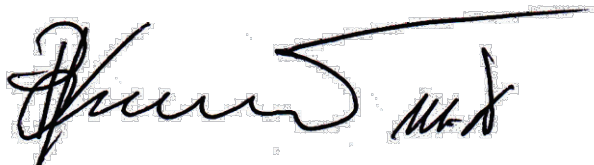
TEST LAB PANEL:
W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

| | |
|-------------------------|-----------------------------|
| EMPLOYEE / APPLICANT: | NAME OF COMPANY / LOCATION: |
| GERTH, ERIC | ZIGI FREIGHT INC |
| SOCIAL SECURITY NUMBER: | 6850 W 63RD STREET |
| 608-42-2077 | CHICAGO IL 60638 |
| BIRTH DATE: | |
| 7/2/1989 | |

| | |
|------------------------------|--------------------------------------|
| LOCATION / COLLECTION SITE: | LABORATORY PERFORMING TEST: |
| MED-STOP LA GRANGE | CLINICAL REFERENCE LABORATORY |
| 911 WEST 55TH ST | 8433 QUIVIRA |
| COUNTRYSIDE IL 60525 | LENEXA KS 66215 |
| PHONE: (708) 352-0330 | PHONE: (800) 452-5677 |

| | |
|---------------------------|-------------------------------|
| MEDICAL REVIEW OFFICER: | LAB RESULT RECEIVED AT: |
| KWIECINSKI PAWEL K | 12/6/2022 2:52 PM |
| SIGNATURE: | MRO COPY BECAME AVAILABLE AT: |

**12/5/2022 2:15 PM**

DATE / TIME THE RESULT BECAME AVAILABLE:
12/6/2022 2:57 PM

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





CF 11262202

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D2828543

ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

| | | | |
|---|--|---|---|
| A. Employer Name, Address, I.D. No. NIKOLA STAMENKOVIC ZIGI FREIGHT INC 6850 W 63RD ST CHICAGO, IL 60638 Phone#: (630)485-7370 / Fax#: (630)485-6980 | | Site Location MT AAA0000113339 | B. MRO Name, Address, Phone No. and Fax No. PAWEL KWIECINSKI, MD (MRO4478) MED-STOP INC 7042 N MILWAUKEE AVE NILES, IL 60714 Phone#: (877)633-3633 / Fax#: (847)647-6608 |
| C. Donor SSN, Employee I.D. No., or CDL State and No. | | D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG | |
| E. Reason for Test: <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____ | | F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____ | |
| G. Collection Site Address: Med Stop - La Grange 911 W 55th St Countryside, IL 60525-6628 | | Collection Site Code: YMS.0013 | Collector Contact Info: Phone (708)352-0330 Fax (708)352-8905 Other occmcd@lagrangemedical.com |

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).☒ URINE ☐ ORAL FLUID

| | |
|---|---|
| COLLECTION: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark. | URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark |
| ORAL FLUID: Split Type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided | Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volume Indicator(s) Observed |
| REMARKS: | |

STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable federal requirements.

| | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Signature of Collector Cristobal Chiquito (PRINT) Collector's Name (First, MI, Last) | Date (Mo/Day/Yr) 12/5/2022 Time of Collection 1:45 CST PM <input checked="" type="checkbox"/> AM | SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: | |
| | | <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input checked="" type="checkbox"/> Other <u>CRL Courier</u> Name of Delivery Service | |

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle/tube is correct.

| | |
|--|--|
| <input checked="" type="checkbox"/> Signature of Donor Email address: <u>bigeselectrical@gmail.com</u> | ERIC GERTH (PRINT) Donor's Name (First, MI, Last) Date (Mo/Day/Yr) 12/5/2022 Date of Birth 7/2/1989 |
|--|--|

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN☒ URINE ☐ ORAL FLUID

In accordance with applicable federal requirements, my verification is:

| | |
|---|--|
| <input type="checkbox"/> NEGATIVE | <input type="checkbox"/> POSITIVE for: _____ |
| <input type="checkbox"/> DILUTE | |
| <input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below: | <input type="checkbox"/> TEST CANCELLED |
| <input type="checkbox"/> ADULTERATED (adulterant/reason): _____ | |
| <input type="checkbox"/> SUBSTITUTED | |
| <input type="checkbox"/> OTHER: _____ | |

| | | | |
|----------------|---|---|------------------------|
| REMARKS: _____ | Signature of Medical Review Officer _____ | (PRINT) Medical Review Officer's Name (First, MI, Last) _____ | Date (Mo/Day/Yr) _____ |
|----------------|---|---|------------------------|

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable federal requirements, my verification for the split specimen (if tested) is:

| | |
|---|---|
| <input type="checkbox"/> RECONFIRMED for: _____ | <input type="checkbox"/> TEST CANCELLED |
| <input type="checkbox"/> FAILED TO RECONFIRM for: _____ | |
| REMARKS: _____ | |
| Signature of Medical Review Officer _____ | (PRINT) Medical Review Officer's Name (First, MI, Last) _____ |
| Date (Mo/Day/Yr) _____ | |

COPY 5 - DONOR COPY

OMB No. 0930-0158