

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: 01/11/2024 10:55 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-EMPLOYMENTCF15809049COLLECTION DATE / TIME:TESTING AUTHORITY:12/28/2023 11:13 AMDOT FMCSACST UTC-6TEST RESULT: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: **ZIGI FREIGHT INC** FERNANDEZ, GONZALO DONOR ID: 6850 W 63RD STREET VAT66109810 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** 12/29/2023 10:31 AM CST UTC-6 SIGNATURE: MRO COPY BECAME AVAILABLE AT: 12/28/2023 11:15 AM CST UTC-6 un) III DATE / TIME THE RESULT BECAME AVAILABLE: 12/29/2023 10:37 AM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

			М				Quivira Road	
	8 0 9 0					Lene	xa, KS 66215	(CRL)
SPECIMEN II		49	CLIENT N	IO. YMS.DOT1	.D2828543			
STEP 1: COMPLETED BY	-					ACCESSION	NO.	
A. Employer Name, Address NIKOLA STAMENKOVIC ZIGI FREIGHT INC 6850 W 63RD ST CHICAGO, IL 60638 Phone#: (630)485-7370		485-6980	νάτ	Site Loca		PAWEL KWIEC MED-STOP INC 9950 LAWRENG SUITE 403 SCHILLER PAR	CE AVE K, IL 60176	MRO4478)
C. Donor SSN, Employee I.	D. No., or CDL	State and No.		00109010		Phone#: (8//)	633-3633 / Fax	<u>#: (847)647</u> -6608
D. Specify Testing Authority E. Reason for Test: Pre- F. Drug Tests to be Perform	y: HHS -employment ned: X THO	NRCS	easonable Su	Agency: X FM(uspicion/Cause THC & COC	Post Accident	FRA FTA Return to Duty her (specify)	PHMSA Follow-up	USCG Other (specify)
G. Collection Site Address:	Med Stop -	Hickory Hills		Collection Site (Code: Collector	Contact Info:	Phone (708)5	
	7831 W 95t			YMS.00	03		Fax (708)2	
		s, IL 60457-2					Other info@m	
STEP 2: COMPLETED BY	COLLECTOR (make remark	s when app	propriate).		INE	ORAL FL	UID
COLLECTION: X Split	Single	None Pro	ovided, Enter I	Remark.				
URINE: Collector reads urin	ne temperature	within 4 minute	es. Temperatu	ure between 90° and	100°F?	Yes No, Ent	er Remark	Observed, Enter Remark
ORAL FLUID: Split Type:	Serial	Concurrent	Subdivided	Each Device With	nin Expiration Date?	Yes N	o Volu	me Indicator(s) Observed
REMARKS: STEP 3: Collector affixes se STEP 4: CHAIN OF CUST	.,					•	9 5 on Copy 2 (M	IRO Copy)
I certify that the specimen given to me by t sealed, and released to the Delivery Service	he donor identified in the	e certification section on ith applicable federal regi	Copy 2 of this form	n was collected, labeled,				
Bucket					SPECIMEN BOT	TLE(S)/TUBE((S) RELEASED FedEx	TO:
<u>x ·</u>	Signatur	e of Collector		AM X			_	
Ánna Bodyzia	k	12/28/202	23 1	1:13 CST PM				Courier
(PRINT) Collector's Name (Fin	rst, MI, Last)	Date (Mo/Day/	'Yr) Tim	ne of Collection		Name o	f Delivery Service	
STEP 5: COMPLETED BY	rst, MI, Last) DONOR				e/tube used was sealed with			that the information
	rst, MI, Last) DONOR men to the collector; t	hat I have not adultera	ated it in any man		e/tube used was sealed with			that the information
STEP 5: COMPLETED BY I certify that I provided my urine specin	rst, MI, Last) DONOR men to the collector; t	hat I have not adultera	ated it in any man	nner; each specimen bottle GONZ	ALO FERNAND	n a tamper-evident sea EZ		12/28/2023
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COPY 2 - MEDICAL REVIEW OFFICER COPY