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**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:**

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

**ATTENTION TO:**

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**NIKOLA STAMENKOVIC**

**SUBJECT:**

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**URINE DRUG TESTING RESULTS**

**DOCUMENT CREATED AT:**

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**01/10/2024 09:56 AM CST UTC-6**

**PAGES:**

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**2**

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

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**PLEASE FORWARD TO THE SAFETY OFFICER**

**CONFIDENTIAL**

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

|                            |                    |                                  |
|----------------------------|--------------------|----------------------------------|
| PURPOSE OF TEST:           | SPECIMEN ID:       | MED-STOP MRO SERVICES            |
| <b>PRE-EMPLOYMENT</b>      | <b>CF14328153</b>  | <b>9950 LAWRENCE AVE STE 403</b> |
| COLLECTION DATE / TIME:    | TESTING AUTHORITY: | <b>SCHILLER PARK IL 60176</b>    |
| <b>01/04/2024 12:28 PM</b> | <b>DOT FMCSA</b>   | <b>PHONE: (877) 633-3633</b>     |
| <b>EST UTC-5</b>           |                    | <b>FAX: (847) 647-6608</b>       |
| TEST RESULT:               |                    | <b>EMAIL: mro@med-stop.com</b>   |

**NEGATIVE**

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

**EMPLOYEE / APPLICANT:**  
**LUIS GONZALEZ, ROBERTO****DONOR ID:**  
**FLL252720864220****NAME OF COMPANY / LOCATION:****ZIGI FREIGHT INC**  
**6850 W 63RD STREET**  
**CHICAGO IL 60638****LOCATION / COLLECTION SITE:**  
**ARCPPOINT LABS OF FORT LAUDER**  
**3221 NW 10TH TER STE 508**  
**FT LAUDERDALE FL 33309-5942**  
**PHONE: (954) 667-7908****LABORATORY PERFORMING TEST:**  
**CLINICAL REFERENCE LABORATORY**  
**8433 QUIVIRA**  
**LENEXA KS 66215**  
**PHONE: (800) 452-5677****MEDICAL REVIEW OFFICER:**  
**KWIECINSKI PAWEL K****SIGNATURE:****LAB RESULT RECEIVED AT:**  
**01/05/2024 02:13 PM CST UTC-6****MRO COPY BECAME AVAILABLE AT:**  
**01/04/2024 11:30 AM CST UTC-6****DATE / TIME THE RESULT BECAME AVAILABLE:**  
**01/05/2024 02:28 PM CST UTC-6**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





C F 1 4 3 2 8 1 5 3

SPECIMEN ID NO.

CLIENT NO. YMS.CMKT.D2828543



Marketplace

8433 Quivira Road  
Lenexa, KS 66215

## STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No.

Site Location

B. MRO Name, Address, Phone No. and Fax No.

NIKOLA STAMENKOVIC  
ZIGI FREIGHT INC  
6850 W 63RD ST  
CHICAGO, IL 60638  
Phone#: (630)485-7370 / Fax#: (630)485-6980PAWEL KWIECINSKI, MD (MRO4478)  
MED-STOP INC  
9950 LAWRENCE AVE  
SUITE 403  
SCHILLER PARK, IL 60176  
Phone#: (877)633-3633 / Fax#: (847)647-6608

FLL252720864220

C. Donor SSN, Employee I.D. No., or CDL State and No.

D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG  
E. Reason for Test: ☒ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) \_\_\_\_\_  
F. Drug Tests to be Performed: ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) \_\_\_\_\_

W215

G. Collection Site Address: **ARCpoint Labs of Fort**

Collection Site Code:

Collector Contact Info: Phone **(954)667-7908****3221 NW 10th Ter Ste 508****FGF.FORT**Fax **(954)951-1539****Ft Lauderdale, FL 33309-5942**Other **MLasso@arcpointlabs.com**

## STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

☒ URINE☐ ORAL FLUIDCOLLECTION: ☒ Split ☐ Single ☐ None Provided, Enter Remark.URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? ☒ Yes ☐ No, Enter Remark ☐ Observed, Enter RemarkORAL FLUID: Split Type: ☐ Serial ☐ Concurrent ☐ Subdivided Each Device Within Expiration Date? ☐ Yes ☐ No ☐ 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.

X

Signature of Collector

Abby Smith

1/4/2024

AM

12:28 EST PM X

(PRINT) Collector's Name (First, MI, Last)

Date (Mo/Day/Yr)

Time of Collection

## SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

☐ UPS☒ FedEx☐ Other \_\_\_\_\_

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.

X

Signature of Donor

ROBERTO LUIS GONZALEZ

(PRINT) Donor's Name (First, MI, Last)

1/4/2024

Date (Mo/Day/Yr)

11/22/1986

(Mo/Day/Yr)

Email address: N/A

Daytime Phone No. 7864986299 Evening Phone No. 7864986299 Date of Birth

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:

☐ NEGATIVE☐ POSITIVE for: \_\_\_\_\_☐ DILUTE☐ REFUSAL TO TEST because - check reason(s) below:☐ TEST CANCELLED☐ ADULTERATED (adulterant/reason): \_\_\_\_\_☐ SUBSTITUTED☐ OTHER: \_\_\_\_\_

REMARKS:

X

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:

☐ RECONFIRMED for: \_\_\_\_\_☐ TEST CANCELLED☐ FAILED TO RECONFIRM for: \_\_\_\_\_

REMARKS:

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo/Day/Yr)

COPY 2 - MEDICAL REVIEW OFFICER COPY

OMB No. 0930-0158