

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: 01/30/2024 12:03 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

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

PURPOSE OF TEST:	SPECIMEN ID:
PRE-EMPLOYMENT	CF14328202
COLLECTION DATE / TIME:	TESTING AUTHORITY:
01/25/2024 04:04 PM EST UTC-5	DOT FMCSA
TEST 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 AC	CORDING TO 49CFR.40 REGULATIONS
EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
CRUZ MALTEZ, ARNOLDO B	ZIGI FREIGHT INC
DONOR ID:	6850 W 63RD STREET
FLC625002791820	CHICAGO IL 60638
LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:
ARCPOINT LABS OF FORT LAUDER	CLINICAL REFERENCE LABORATORY
3221 NW 10TH TER STE 508	8433 QUIVIRA
FT LAUDERDALE FL 33309-5942	LENEXA KS 66215
PHONE: (954) 667-7908	PHONE: (800) 452-5677
MEDICAL REVIEW OFFICER:	LAB RESULT RECEIVED AT:
KWIECINSKI PAWEL K	01/26/2024 02:15 PM CST UTC-6
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:
	01/25/2024 03:10 PM CST UTC-6
Aluna us	DATE / TIME THE RESULT BECAME AVAILABLE:
MAN MAN	01/26/2024 02:16 PM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM				
				Marketplace
		02020542		8433 Quivira Road Lenexa, KS 66215
SPECIMEN ID NO. CLIEN STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRE	T NO. YMS.DOT1		SSION NO.	
A. Employer Name, Address, I.D. No.	Site Locat		me, Address, Phone No	and Fax No.
NIKOLA STAMENKOVIC	0.00 20000			: (847)647-6608
ZIGI FREIGHT INC		MED-ST(		
6850 W 63RD ST CHICAGO, IL 60638		SUITE 4	WRENCE AVE 03	c Y
Bhono#: (620)495 7270 / Env#: (620)495 6090	C625002791	SCHILLE	R PARK, IL 60176	
C. Donor SSN, Employee I.D. No., or CDL State and No.	025002/91	Phone#:	: (877)633-3633 / Fax#	<u>: (847)647</u> -6608
	OT Agency: X FMC	sa 🗆 faa 🗍 fra 🗌	Ifta II phmsa I	
	le Suspicion/Cause		┙╴╴╴╻╘╍┥╴╴╴╺╘╸	Other (specify)
F. Drug Tests to be Performed: <b>X</b> THC, COC, PCP, OPI, AMP				
W215		,		
G. Collection Site Address: ARCpoint Labs of Fort	Collection Site C	ode: Collector Contact	Info: Phone <b>(954)66</b>	7-7908
3221 NW 10th Ter Ste 508	- FGF.FO	RT	Fax <b>(954)95</b>	
Ft Lauderdale, FL 33309-5942			Other MLasso@	arcpointlabs.com
STEP 2: COMPLETED BY COLLECTOR (make remarks when	appropriate).		🗌 ORAL FLU	JID
COLLECTION: X Split Single None Provided, Er	nter Remark.			
URINE: Collector reads urine temperature within 4 minutes. Temp	perature between 90° and		No, Enter Remark 🔲 O	beenved Enter Demorts
				bserved, Enter Remark
ORAL FLUID: Split Type: Serial Concurrent Subdivi	ded Each Device With	n Expiration Date?	No Volum	e Indicator(s) Observed
REMARKS:				
STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector da	ates seal(s). Donor initi	als seal(s). Donor complete	s STEP 5 on Copy 2 (MF	RO 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 the	his form was collected, labeled,			
sealed, and released to the Delivery Service noted in accordance with applicable federal requirements.				
sealed, and released to the Delivery Service noted in accordance with applicable federal requirements.		SPECIMEN BOTTLE(S)/	TUBE(S) RELEASED 1	r <b>o</b> :
sealed, and released to the Delivery Service noted in accordance with applicable federal requirements.		SPECIMEN BOTTLE(S)/	TUBE(S) RELEASED	го:
sealed, and released to the Delivery Service noted in accordance with applicable federal requirements.  X Signature of Collector	AM		<b>X</b> FedEx	го:
X Signature of Collector Abby Smith 1/25/2024	4:04 EST PM X	UPS	FedEx	ro:
Signature of Collector       Abby Smith     1/25/2024       (PRINT) Collector's Name (First, MI, Last)     Date (Mo/Day/Yr)		UPS	<b>X</b> FedEx	ro:
X       Signature of Collector         Abby Smith       1/25/2024         (PRINT) Collector's Name (First, MI, Last)       Date (Mo/Day/Yr)         STEP 5: COMPLETED BY DONOR	4:04 EST PM X Time of Collection	UPS	FedEx     Other     Mame of Delivery Service	
Signature of Collector       Abby Smith     1/25/2024       (PRINT) Collector's Name (First, MI, Last)     Date (Mo/Day/Yr)	4:04 EST PM X Time of Collection	UPS	FedEx     Other     Mame of Delivery Service	
X       Signature of Collector         Abby Smith       1/25/2024         (PRINT) Collector's Name (First, MI, Last)       Date (Mo/Day/Yr)         STEP 5: COMPLETED BY DONOR         I certify that I provided my urine specimen to the collector; that I have not adulterated it in an	4:04 EST PM X Time of Collection	UPS	FedEx     Other     Mame of Delivery Service	
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X       Signature of Collector         Abby Smith       1/25/2024         (PRINT) Collector's Name (First, MI, Last)       Date (Mo/Day/Yr)         STEP 5: COMPLETED BY DONOR         I certify that I provided my urine specimen to the collector; that I have not adulterated it in an provided on this form and on the label affixed to each specimen bottle/tube is correct.         X	4:04 EST PM X Time of Collection ay manner; each specimen bottle, ARNOLD (PRINT) Do e Phone No. 6304857 d by this form, he/she may co records. THIS LIST IS NOT N BACK OF ANY OTHER COPY MARY SPECIMEN (PRINT) Medical Re	UPS tube used was sealed with a tamper-ex O B CRUZ MALTEZ nor's Name (First, MI, Last) 370 Evening Phone No. 63 ontact you to ask about prescriptic CCESSARY. If you choose to make OF THE FORM. TAKE COPY 5 WIT X URINE	FedEx     Other Name of Delivery Service  ident seal in my presence; and the model of the counter media list, do so either on a separe HYOU.     ORAL FLU     TEST CANCEL	at the information          1/25/2024         Date (Mo/Day/Yr)         5/22/1979         (Mo/Day/Yr)         dications you may have rate piece of paper or on         JID
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X       Signature of Collector         Abby Smith       1/25/2024         (PRINT) Collector's Name (First, MI, Last)       Date (Mo/Day/Yr)         STEP 5: COMPLETED BY DONOR       Icertify that I provided my urine specimen to the collector; that I have not adulterated it in an provided on this form and on the label affixed to each specimen bottle/tube is correct.         X       Signature of Donor         Email address:       arnOldo1222@gmail.com         After the Medical Review Officer receives the test results for the specimen identified taken. Therefore, you may want to make a list of those medications for your own rethe back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE         STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRINT         In accordance with applicable federal requirements, my verification is:         DILUTE         REFUSAL TO TEST because - check reason(s) below:         ADULTERATED (adulterant/reason):         Signature of Medical Review Officer         Signature of Medical Review Officer         Step 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPL         In accordance with applicable federal requirements, my verification for the split specime	4:04 EST PM X Time of Collection ARNOLD (PRINT) Do e Phone No. 6304857 d by this form, he/she may c records. THIS LIST IS NOT N BACK OF ANY OTHER COPY MARY SPECIMEN (PRINT) Medical Re IT SPECIMEN en (if tested) is:	UPS  tube used was sealed with a tamper-event O B CRUZ MALTEZ nor's Name (First, MI, Last)  370 Evening Phone No. 63 Ontact you to ask about prescriptic ECESSARY. If you choose to make OF THE FORM. TAKE COPY 5 WIT  IX URINE  view Officer's Name (First, MI, Last)		at the information          1/25/2024         Date (Mo/Day/Yr)         5/22/1979         (Mo/Day/Yr)         dications you may have rate piece of paper or on         JID
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COPY 2 - MEDICAL REVIEW OFFICER COPY