

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

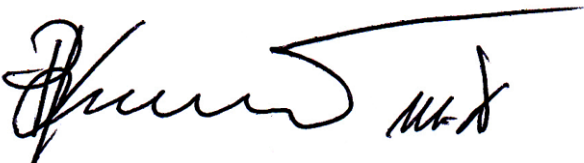
PURPOSE OF TEST: <b>PRE-EMPLOYMENT</b>	SPECIMEN ID: <b>CF22328303</b>	MED-STOP MRO SERVICES 9950 LAWRENCE AVE STE 403 SCHILLER PARK IL 60176 PHONE: (877) 633-3633 FAX: (847) 647-6608 mro@med-stop.com
COLLECTION DATE / TIME: <b>06/18/2025 01:20 PM EDT UTC-4</b>	TESTING AUTHORITY: <b>DOT FMCSA</b>	
TEST RESULT: <div><b>NEGATIVE</b></div>		

MRO REMARKS:	TEST LAB PANEL: W215
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THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: <b>PAEZ SOLER, YASSER ELISEIEV</b>	NAME OF COMPANY / LOCATION: <b>ZIGI FREIGHT INC</b>
DONOR ID: <b>FLP246965894280</b>	<b>6850 W 63RD STREET CHICAGO IL 60638</b>

LOCATION / COLLECTION SITE: <b>ANY LAB TEST NOW - NORTH JACK 1080 EDGEWOOD AVE S STE 6 JACKSONVILLE FL 32205-5393 PHONE: (904) 648-9800</b>	LABORATORY PERFORMING TEST: <b>CLINICAL REFERENCE LABORATORY 8433 QUIVIRA LENEXA KS 66215 PHONE: (800) 452-5677</b>
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MEDICAL REVIEW OFFICER: <b>KWIECINSKI PAUL</b>	LAB RESULT RECEIVED AT: <b>06/19/2025 06:40 PM CDT UTC-5</b>
SIGNATURE: 	MRO COPY BECAME AVAILABLE AT: <b>06/18/2025 01:01 PM CDT UTC-5</b>
	DATE / TIME THE RESULT BECAME AVAILABLE: <b>06/20/2025 08:09 AM CDT UTC-5</b>

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE	
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**PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS**

PURPOSE OF TEST:

**PRE-EMPLOYMENT**

COLLECTION DATE / TIME:

**06/18/2025 01:20 PM****EDT UTC-4**

EMPLOYEE / APPLICANT:

**PAEZ SOLER YASSER ELISEIEV**

SPECIMEN ID:

**CF22328303**

TESTING AUTHORITY:

**DOT FMCSA****MED-STOP MRO SERVICES****9950 LAWRENCE AVE STE 403****SCHILLER PARK IL 60176****PHONE: (877) 633-3633****FAX: (847) 647-6608****mro@med-stop.com**

## DRUG CLASS

## INITIAL SCREENING CUT-OFF LIMIT

## CONFIRMATION CUT-OFF LIMIT

<b>6-AM (10/10)</b>	<b>10 ng/mL</b>	<b>10 ng/mL</b>
<b>AMP/MAMP (500/250)</b>	<b>500 ng/mL</b>	<b>250 ng/mL</b>
<b>COCAINE METABOLITE (150/100)</b>	<b>150 ng/mL</b>	<b>100 ng/mL</b>
<b>MARIJUANA METABOLITES (50/15)</b>	<b>50 ng/mL</b>	<b>15 ng/mL</b>
<b>COD/MOR (2000/2000)</b>	<b>2000 ng/mL</b>	<b>2000 ng/mL</b>
<b>OXYC/OXYM (100/100)</b>	<b>100 ng/mL</b>	<b>100 ng/mL</b>
<b>PHENCYCLIDINE (25/25)</b>	<b>25 ng/mL</b>	<b>25 ng/mL</b>
<b>MDMA/MDA (500/250)</b>	<b>500 ng/mL</b>	<b>250 ng/mL</b>
<b>HYC/HYM (300/100)</b>	<b>300 ng/mL</b>	<b>100 ng/mL</b>

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAUL**

DATE / TIME THE RESULT BECAME AVAILABLE:

**06/20/2025 08:09 AM CDT UTC-5**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





Marketplace

8433 Quivira Road  
Lenexa, KS 66215

CF22328303

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D2828543

## STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

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	B. MRO Name, Address, Phone No. and Fax No. PAUL KWIECINSKI, MD (MRO4478) MED-STOP INC 9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176 Phone#: (877)633-3633 / Fax#: (847)647-6608 MRO@MED-STOP.COM	
C. Donor SSN, Employee I.D. No., or CDL State and No. <b>FLP246965894280</b>				
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) _____ <b>W215</b>				
G. Collection Site Address: <b>Any Lab Test Now - North</b> <b>1080 Edgewood Ave S Ste 6</b> <b>Jacksonville, FL 32205-5393</b>		Collection Site Code: <b>7GS.9375</b>	Collector Contact Info: Phone <b>(904)648-9800</b> Fax <b>Not Provided</b> Other <b>lbeesing@anylabtestnow.com</b>	

OMB No. 0930-0158

## 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)

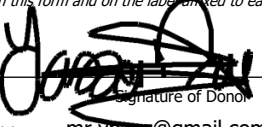
## STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

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.

X  Signature of Collector		SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: <input type="checkbox"/> UPS <input checked="" type="checkbox"/> FedEx <input type="checkbox"/> Other _____	
Michelle Quick (PRINT) Collector's Name (First, MI, Last)	6/18/2025 Date (Mo/Day/Yr)	1:20 EDT PM X Time of Collection	Name of Delivery Service

## STEP 5: COMPLETED BY DONOR

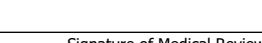
I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle/tube is correct.

X  Signature of Donor	YASSER ELISEIEV PAEZ SOLER (PRINT) Donor's Name (First, MI, Last)	6/18/2025 Date (Mo/Day/Yr)
Email address: mr.ypaez@gmail.com	Daytime Phone No. 7287772850 Evening Phone No. 6304857370	Date of Birth 11/28/1989 (Mo/Day/Yr)

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.

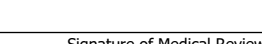
## STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

☒ 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: _____		
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:

<input type="checkbox"/> RECONFIRMED for: _____		<input type="checkbox"/> TEST CANCELLED
<input type="checkbox"/> 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

From **Saturday, June 21, 2025**, at 11:00 pm to **Sunday, June 22, 2025**, at 3:00 am Eastern Time, FMCSA will perform scheduled system maintenance. Users will not be able to access the Clearinghouse during this time.

DRUG & ALCOHOL

CLEARINGHOUSE

Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (6/18/2025 12:11:36)

Conducted By: Teodora Nikolic | Query Type: Pre-employment | Query Submitted: Manually

Driver Information

Name: YASSER PAEZ SOLER  
Date of Birth: 11/28/1989  
CDL/CLP ⓘ : US-FL-P246965894280

Consent Information

Requested: 6/18/2025 12:09:46  
Recorded: 6/18/2025 12:11:36  
Status: Provided

Query History

Created: 6/18/2025 12:09:46  
Completed: 6/18/2025 12:11:36  
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

 [The Return-to-Duty Process](#)

U.S. DEPARTMENT OF TRANSPORTATION  
Federal Motor Carrier Safety Administration  
1200 NEW JERSEY AVENUE, SE  
WASHINGTON, DC 20590  
202-366-4000

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