

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:

PRE-EMPLOYMENT

COLLECTION DATE / TIME:

06/05/2025 12:14 PM

PDT UTC-7

TEST RESULT:

NEGATIVE

SPECIMEN ID:

QD28860209

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

TEST LAB PANEL:

65304N

MRO REMARKS:

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

WINTERS, ANTONIO JR

DONOR ID:

CAE3100971

NAME OF COMPANY / LOCATION:

ZIGI FREIGHT INC

6850 W 63RD STREET

CHICAGO IL 60638

LOCATION / COLLECTION SITE:

QUEST DIAGNOSTICS CORONA W 6

308 W 6TH ST

CORONA CA 92882

PHONE: (951) 415-5610

LABORATORY PERFORMING TEST:

QUEST DIAGNOSTICS

10101 RENNER BLVD

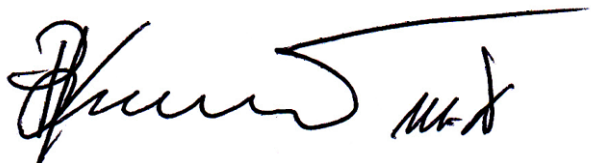
LENEXA KS 66219

PHONE: (800) 877-7484

MEDICAL REVIEW OFFICER:

KWIECINSKI PAUL

SIGNATURE:



LAB RESULT RECEIVED AT:

06/06/2025 07:40 PM CDT UTC-5

MRO COPY BECAME AVAILABLE AT:

06/05/2025 02:30 PM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:

06/07/2025 08:14 AM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	QD28860209	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
06/05/2025 12:14 PM	DOT FMCSA	PHONE: (877) 633-3633
PDT UTC-7		FAX: (847) 647-6608
EMPLOYEE / APPLICANT:		mro@med-stop.com
WINTERS ANTONIO JR		

DRUG CLASS	INITIAL SCREENING CUT-OFF LIMIT	CONFIRMATION CUT-OFF LIMIT
AMPHETAMINE/METHAMPHETAMINE (500 NG/ML SCREEN)	500 ng/mL	250 ng/mL
MDMA/MDA (500 NG/ML SCREEN)	500 ng/mL	250 ng/mL
COCAINE METABOLITE (BZE) (150 NG/ML SCREEN)	150 ng/mL	100 ng/mL
MARIJUANA METABOLITE (THCA) (50 NG/ML SCREEN)	50 ng/mL	15 ng/mL
CODEINE/MORPHINE (2000 NG/ML SCREEN)	2000 ng/mL	2000 ng/mL
6-ACETYLMORPHINE (10 NG/ML SCREEN)	10 ng/mL	10 ng/mL
HYDROCODONE/HYDROMORPHONE (300 NG/ML SCREEN)	300 ng/mL	100 ng/mL
OXYCODONE/OXYMORPHONE (100 NG/ML SCREEN)	100 ng/mL	100 ng/mL
PHENCYCLIDINE	25 ng/mL	25 ng/mL

MEDICAL REVIEW OFFICER:
KWIECINSKI PAUL

DATE / TIME THE RESULT BECAME AVAILABLE:
06/07/2025 08:14 AM CDT UTC-5

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **QD28860209**

800-877-7484

STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. ZIGI FREIGHT INC 6850 W 63RD STREET CHICAGO, IL 60638 Phone: 630-485-7370 Fax: 630-485-6980		Lab Acct #: 10624350 DER Name & Phone #: 6304857370 NIKOLA STAMENK TESTING AUTHORITY FMCSA ACCOUNT NUMBER: 501512218129	B. MRO Name, Address, Phone and Fax No. PAUL KWIECINSKI MD 9950 LAWRENCE AVE STE 403 SCHILLER PARK, IL 60176 Phone: 847-647-0453 Fax: 847-647-6608
C. Donor SSN, Employee I.D., or CDL State and No. CAE3100971			
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: AGN - Quest Diagnostics Corona - 55988 308 W 6th St Ste 201 Corona, CA 92882		Collector Contact Info: Phone 951-415-5610 Fax 951-968-4587 Other _____	55988-AGN Clinic ID

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 _____ 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 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>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.</i> X _____ Signature of Collector Yadira Serrato (PRINT) Collector's Name (First, MI, Last) 06 / 05 / 2025 Date (Mo./Day/Yr.) 12:13:14 Time of Collection <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: FEDEX Name of Delivery Service
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STEP 5: COMPLETED BY DONOR

<i>I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle 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 is correct.</i> X _____ Signature of Donor ANTONIOJR WINTERS (PRINT) Donor's Name (First, MI, Last) 06 / 05 / 2025 Date (Mo./Day/Yr.) Email _____ Day Phone (630) 485-7370 Evening Phone (909) 816-4757 Date of Birth 11 / 14 / 1991 Date (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

<i>In accordance with applicable Federal requirements, my verification is:</i> <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

<i>In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:</i> <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.)

DRUG & ALCOHOL

CLEARINGHOUSE



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (6/3/2025 17:54:38)

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

Driver Information

Name: ANTONIO WINTERS

Date of Birth: 11/14/1991

CDL/CLP ⓘ: US-CA-E3100971

Consent Information

Requested: 6/3/2025 17:32:32

Recorded: 6/3/2025 17:54:38

Status: Provided

Query History

Created: 6/3/2025 17:32:32

Completed: 6/3/2025 17:54:38

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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