

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: 03/05/2024 02:39 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	CF15356402
COLLECTION DATE / TIME: 02/16/2024 02:03 PM PST UTC-8 TEST RESULT:	TESTING AUTHORITY: DOT FMCSA
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:			
WINTERS, ANTONIO JR	ZIGI FREIGHT INC			
DONOR ID:	6850 W 63RD STREET			
CAE3100971	CHICAGO IL 60638			
LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:			
COMP - CENTRAL OCC MED PROVI	CLINICAL REFERENCE LABORATORY			
1690 W 6TH ST STE K	8433 QUIVIRA			
CORONA CA 92882-2910	LENEXA KS 66215			
PHONE: (951) 736-9500	PHONE: (800) 452-5677			
MEDICAL REVIEW OFFICER:	LAB RESULT RECEIVED AT:			
KWIECINSKI PAWEL K	02/17/2024 02:03 PM CST UTC-6			
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:			
$\Omega / $	02/16/2024 04:05 PM CST UTC-6			
Aluna mit	DATE / TIME THE RESULT BECAME AVAILABLE:			
March MAN	02/17/2024 02:12 PM CST UTC-6			

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

	CUSTODY AND CON					
						RL ['] Marketplace
	3 5 6 4 0	∎⊪ 2			for	8433 Quivira Road
SPECIMEN II			NO. YMS.DOT1			Lenexa, KS 66215
STEP 1: COMPLETED BY		MPLOYER REPRES	-		ACCESSION NO.	Dhana No. and Fay No.
A. Employer Name, Addres			Site Loca		WEL KWIECINSKI,	Phone No. and Fax No. MD (MRO4478)
ZIGI FREIGHT INC				ME	D-STOP INC	
6850 W 63RD ST CHICAGO, IL 60638					50 LAWRENCE AVE ITE 403	-
Phone#: (630)485-7370) / Fax#: (630)485-6	⁵⁹⁸⁰ CAI	E3100971	SCI	HILLER PARK, IL 6	
C. Donor SSN, Employee I.	.D. No., or CDL State		51009/1	Pho	one#: (877)633-36	533 / Fax#: (847)647-6608
D. Specify Testing Authorit	, m		T Agency: 🔀 FMC	sa 🗍 faa 🦳 fra		HMSA USCG
E. Reason for Test: X Pre	-employment Rar		e Suspicion/Cause		urn to Duty 📕 Fo	llow-up Other (specify)
F. Drug Tests to be Perform	med: X THC, CC	DC, PCP, OPI, AMP		Only Other	(specify)	
	W21	15				
G. Collection Site Address:	COMP - Central	Occ Med	Collection Site (Code: Collector Cor	ntact Info: Phone	(951)736-9500
	1690 W 6th St S	Ste K	- 3WL.CO			(951)736-9512
	Corona, CA 928	82-2910		NU	Other	kgarcia@cenocc.com
STEP 2: COMPLETED BY	COLLECTOR (mak	e remarks when a	appropriate).	X URIN	E 🗌 OI	RAL FLUID
COLLECTION: X Split	Single	None Provided, Ent	ter Remark.			
URINE: Collector reads uri	ne temperature with	i n 4 minutes. Tempe	rature between 90° and	100°F? X Yes	No, Enter Rema	ark Observed, Enter Remark
ORAL FLUID: Split Type:	Serial Cond	current Subdivid	ed Each Device With	in Expiration Date?	Yes No	Volume Indicator(s) Observed
REMARKS:			I			
STEP 3: Collector affixes se	eal(s) to bottle(s)/tu	ube(s). Collector dat	es seal(s). Donor init	ials seal(s). Donor com	pletes STEP 5 on (Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUST	ODY - INITIATED	BY COLLECTOR A	ND COMPLETED B	Y TEST FACILITY		
I certify that the specimen given to me by	the donor identified in the certifi	ication section on Copy 2 of this	form was collected labeled			
sealed, and released to the Delivery Service	e noted in accordance with appli	icable federal requirements.	Torrit was conected, labeled,			
	e noted in accordance with appli	icable federal requirements.	Torrir was concered, labeled,	SPECIMEN BOTTLE	(S)/TUBE(S) RE	LEASED TO:
scaleu, anu released the Delivery Service	e noted in accordance with appli	icable federal requirements.	ionn was conciced, labered,	SPECIMEN BOTTLE	(S)/TUBE(S) RE	
x	e noted in accordance with appli Signature of Co	icable federal requirements.	AM		· · ·	Ex
Sealed, and released the Delivery Service X Jatziri Perez (PRINT) Collector's Name (Fi	signature of Co	icable federal requirements.			X Fed	Ex
X Jatziri Perez	Signature of Co rist, MI, Last)	ollector	AM 2:03 PST PM X		▼ Fed	Ex
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