

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:

03/06/2024 09:38 AM 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

12240217754287 PAGE 1 OF 2

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST: SPECIMEN ID: MED-STOP MRO SERVICES

PRE-EMPLOYMENT 7944671705 9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME: TESTING AUTHORITY: SCHILLER PARK IL 60176

02/17/2024 03:22 PM DOT FMCSA PHONE: (877) 633-3633 PST UTC-8 FAX: (847) 647-6608

TEST RESULT: EMAIL: mro@med-stop.co

TEST RESULT: EMAIL: mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: NAME OF COMPANY / LOCATION:

CUELLAR SANCHEZ, HAROL L ZIGI FREIGHT INC

DONOR ID: 6850 W 63RD STREET

NM514416524 CHICAGO IL 60638

LOCATION / COLLECTION SITE: LABORATORY PERFORMING TEST:

CARENOW UC - RAINBOW & MARD QUEST DIAGNOSTICS

7424 S RAINBOW BLVD 10101 RENNER BLVD

LAS VEGAS NV 89139 LENEXA KS 66219

PHONE: (702) 464-3213 PHONE: (866) 697-8378

MEDICAL REVIEW OFFICER:

LAB RESULT RECEIVED AT:

KWIECINSKI PAWEL K 02/20/2024 05:30 PM CST UTC-6

SIGNATURE: MRO COPY BECAME AVAILABLE AT:

02/20/2024 05:30 PM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:

02/21/2024 07:39 AM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

mun) III

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

12240217754287 PAGE 2 OF 2

Signature of Medical Review Officer



Quest Diagnostics* 800-877-7484	C = C
B. MRO Name, Address, Phone and Fax No. PAWEL KWIECINSKI MD	1 MG 0000 0100
FTA PHMSA USCG	
one _702-464-3213	
Fax 844-654-2311	
PRAL FLUID	
d, Enter Remark	
lume indicator(s) Observed	

SPECIMEN ID NO. 7944671705			1	Diagnostics"		
STEP 1 : COMPLETED BY COLLECTOR OR EMPLOY	ER REPRESENTATIVE			800-877-7484		
A. Employer Name, Address, I.D. No.	Lab Acet #: 10624	1350	B. MRO Name, Address,			
ZIGI FREIGHT INC 6850 W 63RD STREET CHICAGO, IL 60638 Phone: 630-485-7370 Fax: 630-485-6980	TESTING AUTHORITY FMO ACCOUNT NUMBER: 501		PAWEL KWIECINSK 9950 LAWRENCE AV SCHILLER PARK, IL Phone: 847-647-0453 Fax: 847-647-6608	VE S⊤E 403 60176		
C. Donor SSN, Employee I.D., or CDL State and No. NM514	416524					
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, AM	IP THC & COC Only	Other (Specify)	//			
G. Collection Site Address:	40152-NV12	Collector Contact In	rfo: Phone 702-464-3213			
CareNow- Rainbow & Mardon - 40152 7424 South Rainbow BLVD	40132-11112	• •	Fax 844-654-2311			
Las Vegas, NV 89139	Clinic ID		Other	-		
STEP 2 : COMPLETED BY COLLECTOR (make remarks	when appropriate).	✓ URINE	ORAL FLUID	***		
Collection: Split Single None Provided, Er	SILA PINTAL PLANTA PROPERTY OF					
URINE: Collector reads urine temperature within 4 minutes. Temperature	rature between 90° and 100° F?	Yes No. Enter Remark	Observed, Enter Remark			
ORAL FLUID: Split type: Serial Concurrent	Subdivided Each Device Within E	xpiration Date? Yes No	Volume indicator(s) Observed			
REMARKS:		•				
STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLE			etes STEP 5 on Copy 2 (MRO	Copy)		
I certify that the specimen given to me by the donor identified in the ce	ertification section on Copy 2 of this form w		SPECIMEN BOTTLE(S)/TU	BE(S) RELEASED TO:		
released to the Delivery Service noted in accordance with applicable I	Federal requirements.					
X	A STATE OF THE STA	11 10				
Sign Shawna Heath	ature of Collector	☐ AM				
	02 / 17 / 2024	3:22:36 ✔ PM	FEDE	*		
(PRINT) Collector's Name (First, Ml, Last)	Date (Mo./Day/Yr.)	Time of Collection	Name of Delive	ery Service		
ATER E AGNELIETES BY BANAS						
STEP 5: COMPLETED BY DONOR I certify that I provided my urine specifien to the collector; that I have	not adulterated it in any manner; each spi	ecimen bottle used was sealed with a ta	mper-evident seal in my presence; an	d that the information provided		
STEP 5: COMPLETED BY DONOR I certify that I provided my urine specifien to the collector; that I have on this form and on the label affixed to each specimen bottle is correct.		ecimen bottle used was sealed with a ta	mper-evident seal in my presence; an	d that the information provided		
I certify that I provided my urine specifien to the collector, that I have on this form and on the label affixed to each specimen bottle is correct	t.		900.00	/ /		
I certify that I provided my urine specifien to the collector, that I have on this form and on the label affixed to each specimen bottle is correct	t HA	AROL L CUELLAR SANCHEZ		/ 17 / 2024		
I certify that I provided my urine specifien to the collector; that I have on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor	### HA	AROL L CUELLAR SANCHEZ	02			
I certify that I provided my urine specifien to the collector; that I have on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor	t HA	AROL L CUELLAR SANCHEZ	02	/ 17 / 2024		
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(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)