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**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:**

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**ZIGI FREIGHT INC**  
**6850 W 63RD STREET**  
**CHICAGO IL 60638**  
**PHONE: (630) 485-7370**  
**FAX: (630) 485-6980**

**ATTENTION TO:**

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**NIKOLA STAMENKOVIC**

**SUBJECT:**

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**URINE DRUG TESTING RESULTS**

**DOCUMENT CREATED AT:**

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**03/29/2024 12:26 PM CDT UTC-5**

**PAGES:**

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**2**

**THIS SECURE FAX NUMBER HAS BEEN PROVIDED TO MED-STOP MRO SERVICES BY EMPLOYERS  
REPRESENTATIVE IDENTIFIED AS SAFETY OFFICER**

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**PLEASE FORWARD TO THE SAFETY OFFICER**

**CONFIDENTIAL**

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

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
<b>PRE-EMPLOYMENT</b>	<b>CF16235586</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>03/26/2024 09:06 AM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>CDT UTC-5</b>		<b>FAX: (847) 647-6608</b>
TEST RESULT:		<b>EMAIL: mro@med-stop.com</b>

**NEGATIVE**

TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

**EMPLOYEE / APPLICANT:**  
**RODRIGUEZ LEYVA, ENOLDO****DONOR ID:**  
**TX35883079****NAME OF COMPANY / LOCATION:****ZIGI FREIGHT INC**  
**6850 W 63RD STREET**  
**CHICAGO IL 60638****LOCATION / COLLECTION SITE:**  
**TX ALC & DRUG TESTING SRV**  
**1605 US HIGHWAY 181**  
**PORTLAND TX 78374**  
**PHONE: (361) 643-6100****LABORATORY PERFORMING TEST:**  
**QUEST DIAGNOSTICS**  
**10101 RENNER BLVD**  
**LENEXA KS 66219**  
**PHONE: (866) 697-8378****MEDICAL REVIEW OFFICER:**  
**KWIECINSKI PAWEL K****SIGNATURE:****LAB RESULT RECEIVED AT:**  
**03/27/2024 02:56 PM CDT UTC-5****MRO COPY BECAME AVAILABLE AT:**  
**03/26/2024 09:10 AM CDT UTC-5****DATE / TIME THE RESULT BECAME AVAILABLE:**  
**03/27/2024 03:00 PM CDT UTC-5**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





C F 1 6 2 3 5 5 8 6

SPECIMEN ID NO.

CLIENT NO. 10624350

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

ACCESSION NO.

A. Employer Name, Address, I.D. No.

Site Location

B. MRO Name, Address, Phone No. and Fax No.

ZIGI FREIGHT INC  
6850 W 63RD STREET NIKOLA STAMENKOVIC  
CHICAGO, IL 60638

Phone#: (630)485-7370 Fax#: (630)485-6980

PAWEL KWIECINSKI MD

9950 LAWRENCE AVE STE 403 MED STOP INC  
SCHILLER PARK, IL 60176

Phone#: (847)647-0453 Fax#: (847)647-6608

C. Donor SSN, Employee I.D. No., or CDL State and No.

**TX35883079**D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCGE. 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, AMP ☐ THC & COC Only ☐ Other (specify) \_\_\_\_\_**65304N**DER.: **6304857370 NIKOLA STAMENK** ACCOUNT NUMBER: : **501512218129**G. Collection Site Address: **Texas Alcohol and Drug Testing**

Collection Site Code:

Collector Contact Info: Phone **(281)444-6600****1605 US Highway 181 Ste D****TX605**Fax **(361)643-6199****Portland, TX 78374-3704**

Other \_\_\_\_\_

**STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).**☒ URINE☐ ORAL FLUIDCOLLECTION: ☒ Split ☐ Single ☐ None Provided, Enter Remark.

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F?

☒ Yes☐ No, Enter Remark☐ Observed, Enter RemarkORAL FLUID: Split Type: ☐ Serial ☐ Concurrent ☐ Subdivided

Each Device Within Expiration Date?

☐ Yes☐ 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 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

Dallas Molina

3/26/2024

9:06 CDT PM

(PRINT) Collector's Name (First, MI, Last)

Date (Mo/Day/Yr)

Time of Collection

**SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:**☐ UPS☐ FedEx☒ Quest Diagnostics Courier☐ Other \_\_\_\_\_

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

ENOLDO RODRIGUEZ LEYVA

(PRINT) Donor's Name (First, MI, Last)

3/26/2024

Date (Mo/Day/Yr)

7/22/1970

(Mo/Day/Yr)

Email address: N/A

Daytime Phone No. 6304857370

Evening Phone No. 3252626954

Date of Birth

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:

☐ NEGATIVE☐ POSITIVE for: \_\_\_\_\_☐ DILUTE☐ REFUSAL TO TEST because - check reason(s) below:☐ TEST CANCELLED☐ ADULTERATED (adulterant/reason): \_\_\_\_\_☐ SUBSTITUTED☐ 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:

☐ RECONFIRMED for: \_\_\_\_\_☐ TEST CANCELLED☐ 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

Find Driver

enoldo rodriguez leyva



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## Queries Conducted

Displaying 1-1 of 1,319 | Page: 1 ▾

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**ENOLDO RODRIGUEZ LEYVA (US-TX-35883079)**

Record ID: QUERY.2Q9XL4.28DJ 

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

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (3/25/2024 12:59:09)

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

### Driver Information

**Name:** ENOLDO RODRIGUEZ LEYVA  
**Date of Birth:** 7/22/1970  
**CDL/CLP ⓘ:** US-TX-35883079

### Consent Information

**Requested:** 3/25/2024 11:36:40  
**Recorded:** 3/25/2024 12:59:09  
**Status:** Provided

### Query History

**Created:** 3/25/2024 11:36:40  
**Completed:** 3/25/2024 12:59:09  
**Query Result:** Driver Not Prohibited

[View Query Details](#)