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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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**05/02/2024 12:27 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>QD27264326</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>04/24/2024 11:38 AM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EDT UTC-4</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:**  
**VIRGILE, SILFRENNE****DONOR ID:**  
**FLV624780832460****NAME OF COMPANY / LOCATION:****ZIGI FREIGHT INC**  
**6850 W 63RD STREET**  
**CHICAGO IL 60638****LOCATION / COLLECTION SITE:**  
**QUEST DIAGNOSTICS APOPKA**  
**2135 E SEMORAN BLVD**  
**APOPKA FL 32703**  
**PHONE: (407) 464-7122****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:**  
**04/25/2024 06:07 PM CDT UTC-5****MRO COPY BECAME AVAILABLE AT:**  
**04/25/2024 06:10 PM CDT UTC-5****DATE / TIME THE RESULT BECAME AVAILABLE:**  
**04/26/2024 07:44 AM CDT UTC-5**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



## FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **QD27264326**

OMB No. 0930-0158

## STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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

Lab Acct #: 10624350

ZIGI FREIGHT INC  
6850 W 63RD STREET  
CHICAGO, IL 60638  
Phone: 630-485-7370 Fax: 630-485-6980DER Name & Phone #: 6304857370 NIKOLA STAMENK  
TESTING AUTHORITY FMCSA  
ACCOUNT NUMBER: 501512218129

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

PAWEL KWIECINSKI MD  
9950 LAWRENCE AVE STE 403  
SCHILLER PARK, IL 60176  
Phone: 847-647-0453  
Fax: 847-647-6608C. Donor SSN, Employee I.D., or CDL State and No. **FLV624780832460**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) \_\_\_\_\_

G. Collection Site Address:

TWO - Quest Diagnostics Apopka - 57573  
2135 E Semoran Blvd  
Apopka, FL 32703**57573-TWO**

Clinic ID

Collector Contact Info: Phone **407-464-7122**Fax **407-464-7124**

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 Remark \_\_\_\_\_ORAL 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

Printemps Noel

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

Signature of Collector

04 / 24 / 2024

Date (Mo./Day/Yr.)

11:38:26

Time of Collection

☒ AM  
☐ PM

## SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

QUEST

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 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.

X

Signature of Donor

SILFRENNE VIRGILE

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

04 / 24 / 2024

Date (Mo./Day/Yr.)

Email \_\_\_\_\_ Day Phone (630) 485-7370 Evening Phone (407) 536-1447 Date of Birth 07 / 06 / 1983

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

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.)

# Query Detail

## Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (4/24/2024 9:37:59)

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

### Driver Information

Name: SILFRENNE VIRGILE  
Date of Birth: 7/6/1983  
CDL/CLP ⓘ: US-FL-V624780832460

### Consent Information

Requested: 4/24/2024 9:37:43  
Recorded: 4/24/2024 9:37:59  
Status: Provided

### Query History

Created: 4/24/2024 9:37:43  
Completed: 4/24/2024 9:37:59  
Query Result: Driver Not Prohibited

## Open Violations

No Open Violations