

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:** 

05/13/2024 11:46 AM CDT UTC-5

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** 

12240509958953 PAGE 1 OF 2

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

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

PRE-EMPLOYMENT 7945647354 9950 LAWRENCE AVE STE 403

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

05/09/2024 03:45 PM DOT FMCSA PHONE: (877) 633-3633 EDT UTC-4 FAX: (847) 647-6608

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:

SANCHEZ ANDREA, PEDRO JOSE ZIGI FREIGHT INC

DONOR ID: 6850 W 63RD STREET

FLS522670693460 CHICAGO IL 60638

LOCATION / COLLECTION SITE: LABORATORY PERFORMING TEST:

XPRESS URG CARE - LAUDERHILL QUEST DIAGNOSTICS
7229 W OAKLAND PARK BLVD 10101 RENNER BLVD

LAUDERHILL FL 33313 LENEXA KS 66219

PHONE: (954) 824-2616 PHONE: (866) 697-8378

MEDICAL REVIEW OFFICER:

LAB RESULT RECEIVED AT:

KWIECINSKI PAWEL K 05/11/2024 08:16 AM CDT UTC-5

SIGNATURE: MRO COPY BECAME AVAILABLE AT:

05/11/2024 08:20 AM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:

05/11/2024 08:35 AM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR 40 REGULATIONS

12240509958953 PAGE 2 OF 2

Signature of Medical Review Officer



( Quest

SPECIMEN ID NO. <b>7945</b>					1	Diagnostics
STEP 1 : COMPLETED B		OR EMPLOYER	REPRESENTATIVE			800-877-7484
A. Employer Name, Addres	s, I.D. No.		Lab Acct #: 10	0624350		Address, Phone and Fax No.
ZIGI FREIGHT INC			DER Name & Phone #:	6304857370 NIKOLA STAMENK		IECINSKI MD ENCE AVE STE 403
6850 W 63RD STREET			TESTING AUTHORITY	FMCSA		PARK, IL 60176
CHICAGO, IL 60638			ACCOUNT NUMBER:	501512218129	Phone: 847-	
Phone: 630-485-7370 I	Fax: 630-485-6980				Fax: 847-64	7-6608
. Donor SSN, Employee I.D., o	or CDL State and No.	_FLS52267	70693460			
. Specify Testing Authority:	HHS	NRC	Specify DO⊤ Agend	cy: FMCSA FAA	FRA FTA	PHMSA USCG
. Reason for Test: Pre-E	Employment Rar	ndom Reasonab	ole Suspicion/Cause Post A	ccident Return to Duty Follow	Up Other (Specify)	
Drug Tests to be Performed:	THC, COC, F	PCP, OPI, AMP	☐THC & COC Only	Other (Specify)		
i. Collection Site Address:				Collector Contact	Info: Phone 954-824	-2616
Xpress Urg Care - Laud	erhill - 55105		55105-FL	0/6	Fax 754-667	-4007
7229 W Oakland Park E	3lvd Ste 101		Clinic ID		Other	
Lauderhill, FL 33313			10 30000 000000 00000 0	Augus	Control Control Service Control Co	
STEP 2 : COMPLETED BY		Letter than the control of the contr	Purpose service	<b>✓</b> URINE	ORAL FLUID	
Collection: Split		one Provided, Enter I			_	
JRINE: Collector reads urine t			The state of the s	✓ Yes No. Enter Remark	Observed, Enter Remark	
ORAL FLUID: Split type:	Serial C	oncurrent Sub	divided Each Device Wit	hin Expiration Date? Yes No	Volume Indicator(s)	Observed
REMARKS:						
TED 2: Collector officer	spal(s) to bottle	(c)/tubo(c) Col	lactor datas soal(s). Do	nor initials seal(s). Donor comp	lotos STED 5 on Cons	(2/MPO Conv)
			OR AND COMPLETED B		iletes 31EF 3 011 Copy	2 (MRO CODV)
I certify that the specimen given	to me by the donor id	entified in the certific	ation section on Copy 2 of this f	orm was collected, labeled, sealed and	SPECIMEN BOTT	LE(S)/TUBE(S) RELEASED TO:
released to the Delivery-Service	noted in accordance	with applicable Feder	ral requirements.			
flate.	2007					
X Z	)					
ेरी (१		Signature	of Collector	Пам	1	
Anton	io Cruz	05	/ 09 / 2024	3:45:10 PM	6	FEDEX
(PRINT) Collector's N	ame (First, Ml, Last)	-	Date (Mo./Day/Yr.)	Time of Collection	Nar	ne of Delivery Service
			2 12: 0		<u> </u>	
I certify that I provided my uring	specimen to the colle		adulterated it in any manner; eac	ch specimen bottle used was sealed with a	tamper-evident seal in my pi	resence; and that the information provided
	specimen to the colle		adulterated it in any manner; ead	ch specimen bottle used was sealed with a	tamper-evident seal in my pi	resence; and that the information provided
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I certify that I provided my urine on this form and on the label at X	specimen to the colle fixed to each specimen			PEDROJOSE SANCHEZANDRE		05 / 09 / 2024
I certify that I provided my uning on this form and on the label at X	specimen to the colle	n bottle is correct.		PEDROJOSE SANCHEZANDRE. (PRINT) Donor's Name (First, MI, Last)	A	05
I certify that I provided my urine on this form and on the label at X	specimen to the colle fixed to each specimen	n bottle is correct.		PEDROJOSE SANCHEZANDRE	A	05 / 09 / 2024 Date (Mo./Day/Yr.) 09 / 26 / 1969
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(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)