



Marketplace

8433 Quivira Road  
Lenexa, KS 66215

C F 1 8 1 1 7 6 4 4

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D2828543

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

ACCESSION NO.

<b>A. Employer Name, Address, I.D. No.</b> NIKOLA STAMENKOVIC / ZIGI FREIGHT INC 6850 W 63RD STREET CHICAGO, IL 60638 Phone#: (630)485-7370 / Fax#: (630)485-6980		<b>Site Location</b>	<b>B. MRO Name, Address, Phone No. and Fax No.</b> PAWEL KWIECINSKI, MD (MRO4478) MED-STOP INC 9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176 Phone#: (877)633-3633 / Fax#: (847)647-6608 MRO@MED-STOP.COM	
<b>C. Donor SSN, Employee I.D. No., or CDL State and No.</b> <b>FLJ552720874570</b>				
<b>D. Specify Testing Authority:</b> <input type="checkbox"/> HHS <input type="checkbox"/> NRC <b>Specify DOT Agency:</b> <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG				
<b>E. Reason for Test:</b> <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify)				
<b>F. Drug Tests to be Performed:</b> <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) <b>W215</b>				
<b>G. Collection Site Address:</b> <b>Gables Chiropractic</b> <b>8000 W Flagler St Ste 203</b> <b>Miami, FL 33144-2153</b>		<b>Collection Site Code:</b> <b>TBA.5858</b>	<b>Collector Contact Info: Phone</b> <b>(305)520-7720</b> <b>Fax</b> <b>Not Provided</b> <b>Other</b> <b>drcastillo@gableschiro.com</b>	

OMB No. 0930-0158

**STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).**☒ **URINE**☐ **ORAL FLUID**

<b>COLLECTION:</b> <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.			
<b>URINE: Collector reads urine temperature within 4 minutes.</b> Temperature between 90° and 100°F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark			
<b>ORAL FLUID: Split Type:</b> <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided		<b>Each Device Within Expiration Date?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volume Indicator(s) Observed	
<b>REMARKS:</b>			

**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.

<b>X</b> Signature of Collector		<b>SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:</b> <input type="checkbox"/> UPS <input checked="" type="checkbox"/> FedEx <input type="checkbox"/> Other	
Joanna Orozco (PRINT) Collector's Name (First, MI, Last)	11/6/2024 Date (Mo/Day/Yr)	9:47 EST PM Time of Collection	AM <b>X</b> 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.

<b>X</b> Signature of Donor		<b>RODNEY JIMENEZ ALVAREZ</b> (PRINT) Donor's Name (First, MI, Last)		<b>11/6/2024</b> Date (Mo/Day/Yr)	
Email address: jimenezrodneym17@gmail.com		Daytime Phone No. 7863441206		Evening Phone No. 7863441206	
				<b>12/17/1987</b> Date of Birth (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: <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE for: <input type="checkbox"/> DILUTE		
<input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below: <input type="checkbox"/> ADULTERATED (adulterant/reason): <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> OTHER:		<input type="checkbox"/> TEST CANCELLED
<b>REMARKS:</b>		
<b>X</b> 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:

<input type="checkbox"/> RECONFIRMED for: <input type="checkbox"/> TEST CANCELLED	
<input type="checkbox"/> FAILED TO RECONFIRM for:	
<b>REMARKS:</b>	
<b>X</b> Signature of Medical Review Officer	
(PRINT) Medical Review Officer's Name (First, MI, Last)	
Date (Mo/Day/Yr)	

COPY 2 - MEDICAL REVIEW OFFICER COPY



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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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**11/13/2024 03:39 PM CST UTC-6**

**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**

## DRUG TEST COLLECTION NOT OBSERVED AS REQUIRED

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
<b>PRE-EMPLOYMENT</b>	<b>CF18117644</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>11/06/2024 09:47 AM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EST UTC-5</b>		<b>FAX: (847) 647-6608</b>
		<b>EMAIL: mro@med-stop.com</b>

**MRO OFFICE WOULD LIKE TO BRING TO YOUR ATTENTION AN ISSUE REGARDING THE SPECIFIED ABOVE DRUG TEST COLLECTION. AFTER REVIEWING THE CCF DOCUMENTATION FOR THIS TEST, IT WAS EVIDENT THAT THE COLLECTION WAS NOT DIRECTLY OBSERVED AS PER YOUR SPECIFIC REQUEST OR AS REQUIRED BY DOT REGULATIONS.**

### **DOT Rule 49 CFR Part 40 Section 40.67 Subpart E - Specimen Collections**

§ 40.67 When and how is a directly observed collection conducted?

- (a) As an employer, you must direct an immediate collection under direct observation with no advance notice to the employee, if:
1. The laboratory reported to the MRO that a specimen is invalid, and the MRO reported to you that there was not an adequate medical explanation for the result;
  2. The MRO reported to you that the original positive, adulterated, or substituted result had to be cancelled because the test of the split specimen could not be performed; or
  3. The laboratory reported to the MRO that the specimen was negative-dilute with a creatinine concentration greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL, and the MRO reported the specimen to you as negative-dilute and that a second collection must take place under direct observation (see § 40.197(b)(1)).
  4. You realize a collection under direct observation was required but was not conducted or the service agent informs you that a direct observation should have been collected but was not (see paragraph (n) of this section).
- (b) As an employer, you must direct a collection under direct observation of an employee if the drug test is a return-to-duty test or a follow-up test.
- (d) As the employer, you must explain to the employee the reason for a directly observed collection under paragraph (a) or (b) of this section.
- (m) As the employee, if you decline to allow a directly observed collection required or permitted under this section to occur, this is a refusal to test.
- (n) As a service agent, when you learn that a directly observed collection should have been collected but was not, you must inform the employer that it must direct the employee to have an immediate recollection under direct observation.

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

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
<b>PRE-EMPLOYMENT</b>	<b>CF18117644</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>11/06/2024 09:47 AM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EST UTC-5</b>		<b>FAX: (847) 647-6608</b>
TEST RESULT:		<b>EMAIL: mro@med-stop.com</b>

**NEGATIVE**

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:  
**JIMENEZ ALVAREZ, RODNEY**

DONOR ID:  
**FLJ552720874570**

NAME OF COMPANY / LOCATION:  
**ZIGI FREIGHT INC**

**6850 W 63RD STREET**

**CHICAGO IL 60638**

LOCATION / COLLECTION SITE:  
**GABLES CHIROPRACTIC**

**8000 W FLAGLER ST STE 203**

**MIAMI FL 33144-2153**

**PHONE: (305) 520-7720**

LABORATORY PERFORMING TEST:  
**CLINICAL REFERENCE LABORATORY**

**8433 QUIVIRA**

**LENEXA KS 66215**

**PHONE: (800) 452-5677**

MEDICAL REVIEW OFFICER:  
**KWIECINSKI PAWEL K**

SIGNATURE:



LAB RESULT RECEIVED AT:  
**11/07/2024 02:28 PM CST UTC-6**

MRO COPY BECAME AVAILABLE AT:  
**11/06/2024 08:50 AM CST UTC-6**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**11/07/2024 02:32 PM CST UTC-6**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



RESULTS OF SAMSHA (NIDA) CONTROLLED TEST


PURPOSE OF TEST: <b>PRE-EMPLOYMENT</b>	SPECIMEN ID: <b>CF18117644</b>	MED-STOP MRO SERVICES 9950 LAWRENCE AVE STE 403 SCHILLER PARK IL 60176 PHONE: (877) 633-3633 FAX: (847) 647-6608 mro@med-stop.com
COLLECTION DATE / TIME: <b>11/06/2024 09:47 AM EST UTC-5</b>	TESTING AUTHORITY: <b>DOT FMCSA</b>	
TEST RESULT: <b>NEGATIVE</b>		

MRO REMARKS:	TEST LAB PANEL: W215
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THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: <b>JIMENEZ ALVAREZ, RODNEY</b>	NAME OF COMPANY / LOCATION: <b>ZIGI FREIGHT INC</b>
DONOR ID: <b>FLJ552720874570</b>	<b>6850 W 63RD STREET CHICAGO IL 60638</b>

LOCATION / COLLECTION SITE: <b>GABLES CHIROPRACTIC 8000 W FLAGLER ST STE 203 MIAMI FL 33144-2153 PHONE: (305) 520-7720</b>	LABORATORY PERFORMING TEST: <b>CLINICAL REFERENCE LABORATORY 8433 QUIVIRA LENEXA KS 66215 PHONE: (800) 452-5677</b>
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MEDICAL REVIEW OFFICER: <b>KWIECINSKI PAWEL K</b>	LAB RESULT RECEIVED AT: <b>11/07/2024 02:28 PM CST UTC-6</b>
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<b>PRE-EMPLOYMENT</b>	<b>CF18117644</b>	<b>9950 LAWRENCE AVE STE 403</b>
<b>COLLECTION DATE / TIME:</b>	<b>TESTING AUTHORITY:</b>	<b>SCHILLER PARK IL 60176</b>
<b>11/06/2024 09:47 AM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EST UTC-5</b>		<b>FAX: (847) 647-6608</b>
		<b>EMAIL: mro@med-stop.com</b>

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# PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:

**PRE-EMPLOYMENT**

SPECIMEN ID:

**CF18117644**

MED-STOP MRO SERVICES

9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME:

**11/06/2024 09:47 AM**

TESTING AUTHORITY:

**DOT FMCSA**

SCHILLER PARK IL 60176

PHONE: (877) 633-3633

FAX: (847) 647-6608

EMPLOYEE / APPLICANT:

mro@med-stop.com

**JIMENEZ ALVAREZ RODNEY**

DRUG CLASS

INITIAL SCREENING CUT-OFF LIMIT

CONFIRMATION CUT-OFF LIMIT

6-AM (10/10)	10 ng/mL	10 ng/mL
AMP/MAMP (500/250)	500 ng/mL	250 ng/mL
COCAINE METABOLITE (150/100)	150 ng/mL	100 ng/mL
MARIJUANA METABOLITES (50/15)	50 ng/mL	15 ng/mL
COD/MOR (2000/2000)	2000 ng/mL	2000 ng/mL
OXYC/OXYM (100/100)	100 ng/mL	100 ng/mL
PHENCYCLIDINE (25/25)	25 ng/mL	25 ng/mL
MDMA/MDA (500/250)	500 ng/mL	250 ng/mL
HYC/HYM (300/100)	300 ng/mL	100 ng/mL

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAWEL K**

DATE / TIME THE RESULT BECAME AVAILABLE:

**11/07/2024 02:32 PM CST UTC-6**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

