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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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**05/15/2024 01:37 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>7939092859</b>  | <b>9950 LAWRENCE AVE STE 403</b> |
| COLLECTION DATE / TIME:    | TESTING AUTHORITY: | <b>SCHILLER PARK IL 60176</b>    |
| <b>05/11/2024 10:51 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 - OBSERVED**

TEST LAB PANEL:  
65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

|                                      |                             |
|--------------------------------------|-----------------------------|
| EMPLOYEE / APPLICANT:                | NAME OF COMPANY / LOCATION: |
| <b>SANTOS JIMENEZ, ERICK AUGUSTO</b> | <b>ZIGI FREIGHT INC</b>     |
| DONOR ID:                            | <b>6850 W 63RD STREET</b>   |
| <b>NJS04902326102802</b>             | <b>CHICAGO IL 60638</b>     |

|                                 |                              |
|---------------------------------|------------------------------|
| LOCATION / COLLECTION SITE:     | LABORATORY PERFORMING TEST:  |
| <b>AFC URGENT CARE - KEARNY</b> | <b>QUEST DIAGNOSTICS</b>     |
| <b>276 PASSAIC AVE</b>          | <b>10101 RENNER BLVD</b>     |
| <b>KEARNY NJ 07032</b>          | <b>LENEXA KS 66219</b>       |
| <b>PHONE: (201) 719-9371</b>    | <b>PHONE: (866) 697-8378</b> |

|  |  |
|--|--|
| MEDICAL REVIEW OFFICER:  | LAB RESULT RECEIVED AT:                  |
| <b>KWIECINSKI PAWEL K</b>  | <b>05/14/2024 07:34 AM CDT UTC-5</b>     |
| SIGNATURE:   | MRO COPY BECAME AVAILABLE AT:            |
|  | <b>05/14/2024 07:35 AM CDT UTC-5</b>     |
|  | DATE / TIME THE RESULT BECAME AVAILABLE: |
|  | <b>05/14/2024 07:45 AM CDT UTC-5</b>     |

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. 7939092859



O M B No. 0930- 0158

STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. Lab Acct #: 10624350 B. MRO Name, Address, Phone and Fax No. C. Donor SSN, Employee I.D., or CDL State and No. D. Specify Testing Authority: E. Reason for Test: F. Drug Tests to be Performed: G. Collection Site Address: Collector Contact Info: Phone 201-719-9371 Fax 201-719-9406 Other

STEP 2 : COMPLETED BY COLLECTOR (make remarks when appropriate). URINE ORAL FLUID Collection: Split Single None Provided, Enter Remark URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? ORAL FLUID: Split type: Serial Concurrent Subdivided Each Device Within Expiration Date? Volume Indicator(s) Observed REMARKS: Observed by Brandon Cumpa

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. SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: QUEST Name of Delivery Service Signature of Collector Brandon Cumpa Date (Mo./Day/Yr.) 05 / 11 / 2024 Time of Collection 10:51:51 AM PM

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. ERICK A SANTOSJIMENEZ Date (Mo./Day/Yr.) 05 / 11 / 2024 Email Day Phone (630) 485-7370 Evening Phone (551) 359-4122 Date of Birth 02 / 25 / 1980 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.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN URINE ORAL FLUID

In accordance with applicable Federal requirements, my verification is: Negative Positive for: Refusal to Test because - check reason(s) below: ADULTERATED (adulterant/reason): SUBSTITUTED OTHER: REMARKS: 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: 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 (5/9/2024 11:45:11)

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

### Driver Information

Name: ERICK SANTOS JIMENEZ

Date of Birth: 2/25/1980

CDL/CLP ⓘ: US-NJ-S04902326102802

### Consent Information

Requested: 5/9/2024 11:37:49

Recorded: 5/9/2024 11:45:11

Status: Provided

### Query History

Created: 5/9/2024 11:37:49

Completed: 5/9/2024 11:45:11

Query Result: Driver Not Prohibited

## Open Violations

No Open Violations