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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

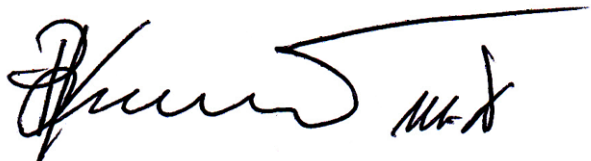
THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

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



OMB No. 0930-0158

## STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<b>A. Employer Name, Address, I.D. No.</b> ZIGI FREIGHT INC 6850 W 63RD STREET CHICAGO, IL 60638 Phone: 630-485-7370 Fax: 630-485-6980		<b>Lab Acct #:</b> 10624350 <b>DER Name &amp; Phone #:</b> 6304857370 NIKOLA STAMENK <b>TESTING AUTHORITY:</b> FMCSA <b>ACCOUNT NUMBER:</b> 501512218129	<b>B. MRO Name, Address, Phone and Fax No.</b> PAWEL KWIECINSKI MD 9950 LAWRENCE AVE STE 403 SCHILLER PARK, IL 60176 Phone: 847-647-0453 Fax: 847-647-6608
<b>C. Donor SSN, Employee I.D., or CDL State and No.</b> NJS04902326102802			
<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>G. Collection Site Address:</b> AFC Urgent Care - Kearny - 48860 276 Passaic Ave Kearny, NJ 07032		<b>Collector Contact Info: Phone</b> 201-719-9371 <b>Fax</b> 201-719-9406 <b>Other</b> _____	<b>48860-NJ667</b> Clinic ID

## STEP 2 : COMPLETED BY COLLECTOR (make remarks when appropriate).

<b>Collection:</b> <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark _____	<input checked="" type="checkbox"/> URINE <input type="checkbox"/> ORAL FLUID
<b>URINE:</b> Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Enter Remark <input checked="" type="checkbox"/> Observed, Enter Remark _____	
<b>ORAL FLUID:</b> Split type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volume Indicator(s) Observed _____	
<b>REMARKS:</b> 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.		<b>SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:</b>
<b>X</b>  Signature of Collector Brandon Cumpa (PRINT) Collector's Name (First, MI, Last)	05 / 11 / 2024 Date (Mo./Day/Yr.) 10:51:51 Time of Collection <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	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.	
<b>X</b>  Signature of Donor ERICK A SANTOSJIMENEZ (PRINT) Donor's Name (First, MI, Last)	05 / 11 / 2024 Date (Mo./Day/Yr.) 02 / 25 / 1980 Date (Mo./Day/Yr.)
Email _____ Day Phone (630) 485-7370 Evening Phone (551) 359-4122	
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

<input checked="" type="checkbox"/> URINE <input type="checkbox"/> 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"/> TEST CANCELLED
<input type="checkbox"/> ADULTERATED (adulterant/reason): _____
<input type="checkbox"/> SUBSTITUTED
<input type="checkbox"/> OTHER: _____
<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.)

# 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	Consent Information	Query History
<b>Name:</b> ERICK SANTOS JIMENEZ	<b>Requested:</b> 5/9/2024 11:37:49	<b>Created:</b> 5/9/2024 11:37:49
<b>Date of Birth:</b> 2/25/1980	<b>Recorded:</b> 5/9/2024 11:45:11	<b>Completed:</b> 5/9/2024 11:45:11
<b>CDL/CLP ⓘ:</b> US-NJ-S04902326102802	<b>Status:</b> Provided	<b>Query Result:</b> Driver Not Prohibited

## Open Violations

No Open Violations