

## 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**

## NEGATIVE

**TEST LAB PANEL:**

**MRO REMARKS:**

W215

**THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS**

**EMPLOYEE / APPLICANT:**

**CUSTODIO, FRANCISCO ANTONIO JR**

NAME OF COMPANY / LOCATION:

**ZIGI FREIGHT INC**

DONOR ID:

**FLC233008342000**

**6850 W 63RD STREET**

**CHICAGO IL 60638**

**LOCATION / COLLECTION SITE:**

## SECURE LABS

**850 S 21ST ST STE M**

**FORT PIERCE FL 34950-4846**

**PHONE: (772) 295-7157**

**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:

10/17/2024 04:52 PM CDT UTC-5

**MRO COPY BECAME AVAILABLE AT:**

10/15/2024 08:25 AM CDT UTC-5

**DATE / TIME THE RESULT BECAME AVAILABLE:**

10/17/2024 04:56 PM CDT UTC-5

**THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS**

**RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE**



# PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:

**PRE-EMPLOYMENT**

SPECIMEN ID:

**CF18770920**

MED-STOP MRO SERVICES

9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME:

**10/15/2024 09:19 AM**

TESTING AUTHORITY:

**DOT FMCSA**

SCHILLER PARK IL 60176

PHONE: (877) 633-3633

**EDT UTC-4**

FAX: (847) 647-6608

EMPLOYEE / APPLICANT:

mro@med-stop.com

**CUSTODIO FRANCISCO ANTONIO JR**

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:

**10/17/2024 04:56 PM CDT UTC-5**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



# DRUG & ALCOHOL CLEARINGHOUSE



## Query Detail

### Query Overview

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

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (10/14/2024 13:48:25)

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

#### Driver Information

**Name:** FRANCISCO CUSTODIO

**Date of Birth:** 5/17/1996

**CDL/CLP** ⓘ : US-FL-C233008342000

#### Consent Information

**Requested:** 10/14/2024 13:42:22

**Recorded:** 10/14/2024 13:48:25

**Status:** Provided

#### Query History

**Created:** 10/14/2024 13:42:22

**Completed:** 10/14/2024 13:48:25

**Query Result:** Driver Not Prohibited

### Open Violations

No Open Violations

### LEARN MORE

■ [The Return-to-Duty Process](#)

U.S. DEPARTMENT OF TRANSPORTATION

**Federal Motor Carrier Safety Administration**

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

202-366-4000

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**Information Collection #: OMB Control No. 2126-0057**



Marketplace

8433 Quivira Road  
Lenexa, KS 66215

C F 1 8 7 7 0 9 2 0

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D2828543

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

ACCESSION NO.

A. Employer Name, Address, I.D. No. NIKOLA STAMENKOVIC / ZIGI FREIGHT INC 6850 W 63RD STREET CHICAGO, IL 60638 Phone#: (630)485-7370 / Fax#: (630)485-6980		Site Location	B. MRO Name, Address, Phone No. and Fax No. 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	
C. Donor SSN, Employee I.D. No., or CDL State and No. <b>FLC233008342000</b>				
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <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				
E. Reason for Test: <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) _____				
F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____ <b>W215</b>				
G. Collection Site Address: <b>Secure Labs</b> <b>850 S 21st St Ste M</b> <b>Fort Pierce, FL 34950-4846</b>		Collection Site Code: <b>7GS.5555</b>	Collector Contact Info: Phone <b>(772)295-7157</b> Fax <b>(877)586-9380</b> Other <b>securelabsllc@gmail.com</b>	

OMB No. 0930-0158

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

COLLECTION: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.			
URINE: 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 type="checkbox"/> Observed, Enter Remark			
ORAL FLUID: 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	
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 in accordance with applicable federal requirements.

<input checked="" type="checkbox"/> Signature of Collector  Shatondra Scott (PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr) 10/15/2024	Time of Collection 9:19 EDT PM	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:	
			<input type="checkbox"/> UPS <input checked="" type="checkbox"/> FedEx <input type="checkbox"/> Other _____ 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.

<input checked="" type="checkbox"/> Signature of Donor  Francisco A Custodio (PRINT) Donor's Name (First, MI, Last)	Date (Mo/Day/Yr) 10/15/2024
Email address: Custodio96@yahoo.com	Daytime Phone No. 7723237569 Evening Phone No. 6304857370 Date of Birth 5/17/1996 (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
REMARKS:		
<input checked="" type="checkbox"/> Signature of Medical Review Officer 	(PRINT) Medical Review Officer's Name (First, MI, Last)	Date (Mo/Day/Yr)

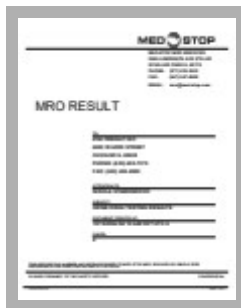
**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN**

In accordance with applicable federal requirements, my verification for the split specimen (if tested) is:

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

COPY 2 - MEDICAL REVIEW OFFICER COPY





1



2



**MED-S1**  
**9950 LA**  
**SCHILL**  
**PHONE**  
**FAX:**  
**EMAIL:**

## 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 RESUI**

DOCUMENT CREATED AT:

10/18/2024 08:10 AM CDT UTC

**PAGES:**

2

THIS SECURE FAX NUMBER HAS BEEN PROVIDED TO MED-STOP MRO SERVICE  
REPRESENTATIVE IDENTIFIED AS SAFETY OFFICER

PLEASE FORWARD TO THE SAFETY OFFICER

12241015181520

## RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

**PURPOSE OF TEST:**

**SPECIMEN ID:**

MED-STO