

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **7943751304**

O M B No. 0930-0158

STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

ZIGI FREIGHT INC
6850 W 63RD STREET
CHICAGO, IL 60638
Phone: 630-485-7370 Fax: 630-485-6980

Lab Acct #: 10624350

DER Name & Phone #: 6304857370 NIKOLA STAMENK
TESTING AUTHORITY FMCSA
ACCOUNT NUMBER: 501512218129

B. MRO Name, Address, Phone and Fax No.

PAWEL KWIECINSKI MD
9950 LAWRENCE AVE STE 403
SCHILLER PARK, IL 60176
Phone: 847-647-0453
Fax: 847-647-6608

C. Donor SSN, Employee I.D., or CDL State and No. **TX42365806**D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCGE. Reason for Test: ☒ Pre-Employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow Up ☐ Other (Specify)F. Drug Tests to be Performed: ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (Specify)

G. Collection Site Address:

Next Level UC - Stevens Ranch - 54864
14211 Potranco Rd Ste 100
San Antonio, TX 78245

54864-TW011

Clinic ID

Collector Contact Info: Phone **281-201-0657**Fax **832-706-2295**

Other

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

☒ URINE☐ ORAL FLUIDCollection: ☒ Split ☐ Single ☐ None Provided, Enter RemarkURINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? ☒ Yes ☐ No. Enter Remark ☐ Observed, Enter RemarkORAL FLUID: Split type: ☐ Serial ☐ Concurrent ☐ Subdivided Each Device Within Expiration Date? ☐ Yes ☐ No ☐ 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 noted in accordance with applicable Federal requirements.

X

Marissa Perez

Signature of Collector

10 / 24 / 2024

10:03:52

☒ AM
☐ PM

(PRINT) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Time of Collection

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

FEDEX

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.

X

Signature of Donor

SHAWN D JEFFERSON

(PRINT) Donor's Name (First, MI, Last)

10 / 24 / 2024

Date (Mo./Day/Yr.)

Email _____ Day Phone (630) 485-7370 Evening Phone (318) 580-1486 Date of Birth 05 / 18 / 1987

Date (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:

☐ Negative☐ Positive for : _____☐ Dilute☐ Refusal to Test because - check reason(s) below:☐ TEST CANCELLED☐ ADULTERATED (adulterant/reason): _____☐ SUBSTITUTED☐ OTHER: _____

REMARKS: _____

X

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: _____

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)



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:

10/28/2024 05:28 PM CDT UTC-5

PAGES:

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**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

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	7943751304	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
10/24/2024 10:03 AM	DOT FMCSA	PHONE: (877) 633-3633
CDT UTC-5		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:
JEFFERSON, SHAWN DANDREA	ZIGI FREIGHT INC
DONOR ID:	6850 W 63RD STREET
TX42365806	CHICAGO IL 60638

LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:
NEXT LEVEL UC - STEVENS RANCH	QUEST DIAGNOSTICS
14211 POTRANCO RD	10101 RENNER BLVD
SAN ANTONIO TX 78245	LENEXA KS 66219
PHONE: (281) 201-0657	PHONE: (800) 877-7484

MEDICAL REVIEW OFFICER:	LAB RESULT RECEIVED AT:
KWIECINSKI PAWEL K	10/25/2024 05:29 PM CDT UTC-5

SIGNATURE:



MRO COPY BECAME AVAILABLE AT:
10/24/2024 10:10 AM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:
10/26/2024 08:33 AM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:

PRE-EMPLOYMENT

COLLECTION DATE / TIME:

10/24/2024 10:03 AM

CDT UTC-5

TEST RESULT:

SPECIMEN ID:

7943751304

TESTING AUTHORITY:

DOT FMCSA

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:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

JEFFERSON, SHAWN DANDREA

DONOR ID:

TX42365806

NAME OF COMPANY / LOCATION:

ZIGI FREIGHT INC

6850 W 63RD STREET

CHICAGO IL 60638

LOCATION / COLLECTION SITE:

NEXT LEVEL UC - STEVENS RANCH

14211 POTRANCO RD

SAN ANTONIO TX 78245

PHONE: (281) 201-0657

LABORATORY PERFORMING TEST:

QUEST DIAGNOSTICS

10101 RENNER BLVD

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PHONE: (800) 877-7484

MEDICAL REVIEW OFFICER:

KWIECINSKI PAWEL K

SIGNATURE:



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PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	7943751304	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
10/24/2024 10:03 AM	DOT FMCSA	PHONE: (877) 633-3633
CDT UTC-5		FAX: (847) 647-6608
EMPLOYEE / APPLICANT:		mro@med-stop.com
JEFFERSON SHAWN DANDREA		

DRUG CLASS	INITIAL SCREENING CUT-OFF LIMIT	CONFIRMATION CUT-OFF LIMIT
AMPHETAMINE/METHAMPHETAMINE (500 NG/ML SCREEN)	500 ng/mL	250 ng/mL
MDMA/MDA (500 NG/ML SCREEN)	500 ng/mL	250 ng/mL
COCAINE METABOLITE (BZE) (150 NG/ML SCREEN)	150 ng/mL	100 ng/mL
MARIJUANA METABOLITE (THCA) (50 NG/ML SCREEN)	50 ng/mL	15 ng/mL
CODEINE/MORPHINE (2000 NG/ML SCREEN)	2000 ng/mL	2000 ng/mL
6-ACETYLMORPHINE (10 NG/ML SCREEN)	10 ng/mL	10 ng/mL
HYDROCODONE/HYDROMORPHONE (300 NG/ML SCREEN)	300 ng/mL	100 ng/mL
OXYCODONE/OXYMORPHONE (100 NG/ML SCREEN)	100 ng/mL	100 ng/mL
PHENCYCLIDINE	25 ng/mL	25 ng/mL

MEDICAL REVIEW OFFICER:
KWIECINSKI PAWEL K

DATE / TIME THE RESULT BECAME AVAILABLE:
10/26/2024 08:33 AM CDT UTC-5

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