

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:

11/15/2024 11:56 AM CST UTC-6

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

12241112604072 PAGE 1 OF 2

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST: SPECIMEN ID: MED-STOP MRO SERVICES

PRE-EMPLOYMENT CF17042775 9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME: TESTING AUTHORITY: SCHILLER PARK IL 60176

11/12/2024 01:41 PM DOT FMCSA PHONE: (877) 633-3633 EST UTC-5 FAX: (847) 647-6608

TEST RESULT: EMAIL: mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: NAME OF COMPANY / LOCATION:

REID-JONES, CEDRIK DURELLE ZIGI FREIGHT INC

DONOR ID: 6850 W 63RD STREET

NC000026556238 CHICAGO IL 60638

LOCATION / COLLECTION SITE: LABORATORY PERFORMING TEST:

ARCPOINT LABS OF RALEIGH-GAR CLINICAL REFERENCE LABORATORY

3813 JUNCTION BLVD 8433 QUIVIRA

RALEIGH NC 27603-5264 LENEXA KS 66215

PHONE: (919) 338-7904 PHONE: (800) 452-5677

MEDICAL REVIEW OFFICER:

LAB RESULT RECEIVED AT:

KWIECINSKI PAWEL K 11/13/2024 02:53 PM CST UTC-6

SIGNATURE: MRO COPY BECAME AVAILABLE AT:

11/12/2024 12:50 PM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:

11/13/2024 02:56 PM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR 40 REGULATIONS

12241112604072 PAGE 2 OF 2



Signature of Medical Review Officer



SPECIMEN ID NO. CLIENT NO. YMS.DOT1.D2828543

CDI	I
CRL. formfox	Marketplace
	8433 Quivira Road
	Lenexa, KS 66215

STEP 1: COMPLETED BY CO	LLECTOR O	R EMPLOYE	R REPRESEN	TATIVE		ACCES	SSION NO.	
A. Employer Name, Address, I NIKOLA STAMENKOVIC / ZIGI 6850 W 63RD STREET CHICAGO, IL 60638	yer Name, Address, I.D. No. A STAMENKOVIC / ZIGI FREIGHT INC A GRAD STREET B. MRO Name, Address, Phone No. and Fax No. PAWEL KWIECINSKI, MD (MRO4478) MED-STOP INC							
Phone#: (630)485-7370 / Fax#	#: (630)485-69 ⁶	80			SCHII	LER PARK	, IL 60176	
C. Donor SSN, Employee I.D.	No., or CDL S	_		0026556	238 MRO	e#: (877)6 @MED-STO		#: (847)647-6608
D. Specify Testing Authority:				gency: X FMC		FRA	•	PHMSA USCG
E. Reason for Test: X Pre-em						Return to	<i>'</i> \square	ollow-up Other (specify)
F. Drug Tests to be Performed		, COC, PCP, C V215	PI, AMP	THC & COC	OnlyOtr	ier (speci	ту)	
_	•	bs of Raleig	h-Garner	Collection Site (Code: Collector	Contact I		(919)338-7904
_	3813 Junctio			AQF.00	45			(919)338-7905 rtpoperations@arcpointlabs.co
<u> </u>	Raleigh, NC	27603-5264	<u> </u>				Other	rtpoperations@arcpointiabs.co
STEP 2: COMPLETED BY CO	_				X UR	INE	OI	RAL FLUID
COLLECTION: X Split	Single		rovided, Enter R					
URINE: Collector reads urine t	:emperature v	within 4 minul	t es. Temperatur	e between 90° and	100°F?	Yes N	No, Enter Rem	observed, Enter Remark
ORAL FLUID: Split Type:	Serial	Concurrent	Subdivided	Each Device With	nin Expiration Date?	Yes	No	Volume Indicator(s) Observed
REMARKS: STEP 3: Collector affixes seal(STEP 4: CHAIN OF CUSTOD						-	s STEP 5 on (Copy 2 (MRO Copy)
I certify that the specimen given to me by the de				was collected, labeled,				
sealed, and released to the Delivery Service note	ed in accordance with	п аррисаріе гедегаі ге	quirements.		SPECIMEN BOT	TLE(S)/1	TUBE(S) RE	LEASED TO:
x					UPS	. ==(0),	X Fed	
^ ' \	Signature	of Collector		AM			□oth	
Daniel A Zambrano		11/12/20		:41 EST PM X				
(PRINT) Collector's Name (First, STEP 5: COMPLETED BY DO	-	Date (Mo/Day	// Tr // Tillie	of Collection			Name of Deliver	y Service
I certify that I provided my urine specimen provided on this form and on the label affix	to the collector; the	at I have not adulte en bottle/tube is con	rated it in any mann rect.	er; each specimen bottle	e/tube used was sealed with	a tamper-evi	ident seal in my p	resence; and that the information
\mathbf{x}	,			CEDR	IC D REID-JON	ES		11/12/2024
I - () A No Ho.				(PRINT) D	onor's Name (First, MI, La	ist)		Date (Mo/Day/Yr)
Signature of I Email address: cedjones1200@			Daytime Phor	ne No. <u>9842972</u>	2640 Evening Phone	e No. <u>98</u> 4	42972640	
After the Medical Review Officer receive taken. Therefore, you may want to make the back of your copy (Copy 5). – DO	ake a list of those	e medications for	your own records	. THIS LIST IS NOT I	IECESSARY. If you choo	se to make	a list, do so eith	e-counter medications you may have her on a separate piece of paper or on
STEP 6: COMPLETED BY ME	DICAL REV	IEW OFFICE	R - PRIMAR	Y SPECIMEN	X UR	INE		RAL FLUID
DILUTE REFUSAL TO TEST becau							☐ TE	ST CANCELLED
☐ ADULTERATED (a	D	•						
REMARKS:								
X								//
Signature of Medical		TEW 0555	D CD: TT C		eview Officer's Name (Fir	st, MI, Last)		Date (Mo/Day/Yr)
STEP 7: COMPLETED BY MI In accordance with applicable federal red	_			_				
				·				1==== 0.11===
RECONFIRMED for: FAILED TO RECONFI							L	TEST CANCELLED
REMARKS:								
INLITIONIUS.								

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