

## FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. 7945338513



OMB No. 0930-0158

## STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

|  |  |   |   |
|--|--|---|---|
| <b>A. Employer Name, Address, I.D. No.</b><br>ZIGI FREIGHT INC<br>6850 W 63RD STREET<br>CHICAGO, IL 60638<br>Phone: 630-485-7370 Fax: 630-485-6980   |  | <b>Lab Acct #:</b> 10624350<br><b>DER Name &amp; Phone #:</b> 6304857370 NIKOLA STAMENK<br><b>TESTING AUTHORITY:</b> FMCSA<br><b>ACCOUNT NUMBER:</b> 501512218129 | <b>B. MRO Name, Address, Phone and Fax No.</b><br>PAWEL KWIECINSKI MD<br>9950 LAWRENCE AVE STE 403<br>SCHILLER PARK, IL 60176<br>Phone: 847-647-0453<br>Fax: 847-647-6608 |
| <b>C. Donor SSN, Employee I.D., or CDL State and No.</b> TX51163901  |  |   |   |
| <b>D. Specify Testing Authority:</b> <input type="checkbox"/> HHS <input type="checkbox"/> NRC <input checked="" type="checkbox"/> 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 |  |   |   |
| <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><br>Next Level UC - The Woodlands - 44857<br>25750 Kuykendahl Rd Ste A<br>Tomball, TX 77375  |  | <b>Clinic ID</b><br><b>44857-TT325</b>  | <b>Collector Contact Info:</b> <b>Phone</b> 281-201-0657<br><b>Fax</b> 832-706-2295<br><b>Other</b> _____   |

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

☒ URINE☐ ORAL FLUID

|  |
|--|
| <b>Collection:</b> <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark _____  |
| <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 type="checkbox"/> Observed, Enter Remark _____  |
| <b>ORAL FLUID:</b> Split type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided <input type="checkbox"/> Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volume Indicator(s) Observed _____ |
| <b>REMARKS:</b> _____  |

## 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:

|  |                               |                       |                |  |                          |
|--|-------------------------------|-----------------------|----------------|--|--------------------------|
| <b>X</b>                                   | <b>Signature of Collector</b> | <b>11 / 12 / 2024</b> | <b>4:03:45</b> | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | <b>FEDEX</b>             |
| (PRINT) Collector's Name (First, MI, Last) |                               | Date (Mo./Day/Yr.)    |                | Time of Collection   | 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>   | <b>XAVIER S ROBINSON</b>        | <b>11 / 12 / 2024</b>                  |
| Signature of Donor   |                                 | (PRINT) Donor's Name (First, MI, Last) |
| <b>Email</b> _____   | <b>Day Phone (630) 485-7370</b> | <b>Evening Phone (727) 278-5130</b>    |
| <b>Date of Birth</b> <b>04 / 26 / 1980</b>   |                                 | 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:   |  |
| <input type="checkbox"/> Negative <input type="checkbox"/> Dilute <input type="checkbox"/> Refusal to Test because - check reason(s) below:<br><input type="checkbox"/> ADULTERATED (adulterant/reason): _____<br><input type="checkbox"/> SUBSTITUTED<br><input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> Positive for : _____                  |
| <input type="checkbox"/> TEST CANCELLED   |  |
| <b>REMARKS:</b> _____   |  |
| <b>X</b>  | <b>(PRINT) Medical Review Officer's Name (First, MI, Last)</b> |
| 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>  | <b>(PRINT) Medical Review Officer's Name (First, MI, Last)</b> |
| Date (Mo./Day/Yr.)                                      |  |



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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:**

---

**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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**11/19/2024 10:43 AM CST UTC-6**

**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>7945338513</b>  | <b>9950 LAWRENCE AVE STE 403</b> |
| COLLECTION DATE / TIME:    | TESTING AUTHORITY: | <b>SCHILLER PARK IL 60176</b>    |
| <b>11/12/2024 04:03 PM</b> | <b>DOT FMCSA</b>   | <b>PHONE: (877) 633-3633</b>     |
| <b>CST UTC-6</b>           |                    | <b>FAX: (847) 647-6608</b>       |
| TEST RESULT:               |                    | <b>EMAIL: mro@med-stop.com</b>   |

**NEGATIVE**


TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

|                                  |                             |
|----------------------------------|-----------------------------|
| EMPLOYEE / APPLICANT:            | NAME OF COMPANY / LOCATION: |
| <b>ROBINSON, XAVIER ST AUBYN</b> | <b>ZIGI FREIGHT INC</b>     |
| <b>OMAR</b>                      |                             |
| DONOR ID:                        | <b>6850 W 63RD STREET</b>   |
| <b>TX51163901</b>                | <b>CHICAGO IL 60638</b>     |

|                                     |                              |
|-------------------------------------|------------------------------|
| LOCATION / COLLECTION SITE:         | LABORATORY PERFORMING TEST:  |
| <b>NEXT LEVEL UC - THE WOODLAND</b> | <b>QUEST DIAGNOSTICS</b>     |
| <b>25750 KUYKENDAHL RD</b>          | <b>10101 RENNER BLVD</b>     |
| <b>TOMBALL TX 77375</b>             | <b>LENEXA KS 66219</b>       |
| <b>PHONE: (281) 201-0657</b>        | <b>PHONE: (800) 877-7484</b> |

|  |  |
|--|--|
| MEDICAL REVIEW OFFICER:  | LAB RESULT RECEIVED AT:                  |
| <b>KWIECINSKI PAWEL K</b>  | <b>11/14/2024 06:10 PM CST UTC-6</b>     |
| SIGNATURE:   | MRO COPY BECAME AVAILABLE AT:            |
|  | <b>11/12/2024 04:15 PM CST UTC-6</b>     |
|  | DATE / TIME THE RESULT BECAME AVAILABLE: |
|  | <b>11/15/2024 07:56 AM CST UTC-6</b>     |

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

|                         |                    |                           |
|-------------------------|--------------------|---------------------------|
| PURPOSE OF TEST:        | SPECIMEN ID:       | MED-STOP MRO SERVICES     |
| PRE-EMPLOYMENT          | 7945338513         | 9950 LAWRENCE AVE STE 403 |
| COLLECTION DATE / TIME: | TESTING AUTHORITY: | SCHILLER PARK IL 60176    |
| 11/12/2024 04:03 PM     | DOT FMCSA          | PHONE: (877) 633-3633     |
| CST UTC-6               |                    | FAX: (847) 647-6608       |
| TEST RESULT:            |                    | mro@med-stop.com          |


NEGATIVE

|              |                 |
|--------------|-----------------|
| MRO REMARKS: | TEST LAB PANEL: |
|              | 65304N          |

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

|                                |                             |
|--------------------------------|-----------------------------|
| EMPLOYEE / APPLICANT:          | NAME OF COMPANY / LOCATION: |
| ROBINSON, XAVIER ST AUBYN OMAR | ZIGI FREIGHT INC            |
| DONOR ID:                      | 6850 W 63RD STREET          |
| TX51163901                     | CHICAGO IL 60638            |

|                              |                             |
|------------------------------|-----------------------------|
| LOCATION / COLLECTION SITE:  | LABORATORY PERFORMING TEST: |
| NEXT LEVEL UC - THE WOODLAND | QUEST DIAGNOSTICS           |
| 25750 KUYKENDAHL RD          | 10101 RENNER BLVD           |
| TOMBALL TX 77375             | LENEXA KS 66219             |
| PHONE: (281) 201-0657        | PHONE: (800) 877-7484       |

|  |  |
|--|--|
| MEDICAL REVIEW OFFICER:  | LAB RESULT RECEIVED AT:                  |
| KWIECINSKI PAWEL K   | 11/14/2024 06:10 PM CST UTC-6            |
| SIGNATURE:   | MRO COPY BECAME AVAILABLE AT:            |
|  | 11/12/2024 04:15 PM CST UTC-6            |
|  | DATE / TIME THE RESULT BECAME AVAILABLE: |
|  | 11/15/2024 07:56 AM CST UTC-6            |

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:                     | SPECIMEN ID:       | MED-STOP MRO SERVICES            |
| <b>PRE-EMPLOYMENT</b>                | <b>7945338513</b>  | <b>9950 LAWRENCE AVE STE 403</b> |
| COLLECTION DATE / TIME:              | TESTING AUTHORITY: | <b>SCHILLER PARK IL 60176</b>    |
| <b>11/12/2024 04:03 PM</b>           | <b>DOT FMCSA</b>   | <b>PHONE: (877) 633-3633</b>     |
| <b>CST UTC-6</b>                     |                    | <b>FAX: (847) 647-6608</b>       |
| EMPLOYEE / APPLICANT:                |                    | <b>mro@med-stop.com</b>          |
| <b>ROBINSON XAVIER ST AUBYN OMAR</b> |                    |                                  |

| 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:  
**11/15/2024 07:56 AM CST UTC-6**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



On **Tuesday, November 19, 2024**, from 6:00 pm to 10:00 pm Eastern Time, the Commercial Driver's License Information System (CDLIS) Gateway will be intermittently unavailable due to scheduled system maintenance. Clearinghouse users may experience issues verifying driver information during this maintenance time.

# DRUG & ALCOHOL CLEARINGHOUSE



## Query Detail

### Query Overview

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

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (11/12/2024 15:07:27)

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

#### Driver Information

**Name:** XAVIER ROBINSON

**Date of Birth:** 4/26/1980

**CDL/CLP** ⓘ : US-TX-51163901

#### Consent Information

**Requested:** 11/12/2024 15:02:27

**Recorded:** 11/12/2024 15:07:27

**Status:** Provided

#### Query History

**Created:** 11/12/2024 15:02:27

**Completed:** 11/12/2024 15:07:27

**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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