



C F 0 8 4 9 3 0 2 6

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D2828543



Marketplace

8433 Quivira Road  
Lenexa, KS 66215

## 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>TX34395256</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>Assurance Testing Services</b> <b>2207 S Congress Ave Ste A</b> <b>Palm Springs, FL 33406-7600</b>		Collection Site Code: <b>7GS.2581</b>	Collector Contact Info: Phone <b>(561)969-3926</b> Fax <b>(561)969-1351</b> Other <b>administrator@assurancetestin</b>	

## 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 noted in accordance with applicable federal requirements.

<b>X</b>  Signature of Collector SHERRI GARZ (PRINT) Collector's Name (First, MI, Last)	11/27/2024 Date (Mo/Day/Yr)	9:58 EST PM Time of Collection	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.

<b>X</b> 	CORY J LUCKETT (PRINT) Donor's Name (First, MI, Last)		11/27/2024 Date (Mo/Day/Yr)
	Email address: luckyhod19@gmail.com		4/24/1977 Date of Birth (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"/> TEST CANCELLED
<input type="checkbox"/> ADULTERATED (adulterant/reason): _____	
<input type="checkbox"/> SUBSTITUTED	
<input type="checkbox"/> OTHER: _____	
REMARKS:	
<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: _____	
REMARKS:	
<b>X</b> Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____/_____/_____

COPY 2 - MEDICAL REVIEW OFFICER COPY

OMB No. 0930-0158



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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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**12/04/2024 09:39 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>CF08493026</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>11/27/2024 09:58 AM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EST UTC-5</b>		<b>FAX: (847) 647-6608</b>
TEST RESULT:		<b>EMAIL: mro@med-stop.com</b>

**NEGATIVE**

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:  
**LUCKETT, CORY JOVAN**

DONOR ID:  
**TX34395256**

NAME OF COMPANY / LOCATION:

**ZIGI FREIGHT INC**

**6850 W 63RD STREET**  
**CHICAGO IL 60638**

LOCATION / COLLECTION SITE:  
**ASSURANCE TESTING SERVICES**  
**2207 S CONGRESS AVE STE A**  
**PALM SPRINGS FL 33406-7600**  
**PHONE: (561) 969-3926**

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:  
**11/29/2024 01:45 PM CST UTC-6**

MRO COPY BECAME AVAILABLE AT:  
**11/27/2024 09:00 AM CST UTC-6**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**11/29/2024 01:47 PM CST UTC-6**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



RESULTS OF SAMSHA (NIDA) CONTROLLED TEST


PURPOSE OF TEST: <b>PRE-EMPLOYMENT</b>	SPECIMEN ID: <b>CF08493026</b>	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
COLLECTION DATE / TIME: <b>11/27/2024 09:58 AM EST UTC-5</b>	TESTING AUTHORITY: <b>DOT FMCSA</b>	
TEST RESULT: <div><b>NEGATIVE</b></div>		

MRO REMARKS:	TEST LAB PANEL: W215
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THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: <b>LUCKETT, CORY JOVAN</b>	NAME OF COMPANY / LOCATION: <b>ZIGI FREIGHT INC</b>
DONOR ID: <b>TX34395256</b>	<b>6850 W 63RD STREET CHICAGO IL 60638</b>

LOCATION / COLLECTION SITE: <b>ASSURANCE TESTING SERVICES 2207 S CONGRESS AVE STE A PALM SPRINGS FL 33406-7600 PHONE: (561) 969-3926</b>	LABORATORY PERFORMING TEST: <b>CLINICAL REFERENCE LABORATORY 8433 QUIVIRA LENEXA KS 66215 PHONE: (800) 452-5677</b>
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MEDICAL REVIEW OFFICER: <b>KWIECINSKI PAWEL K</b>	LAB RESULT RECEIVED AT: <b>11/29/2024 01:45 PM CST UTC-6</b>
SIGNATURE: 	MRO COPY BECAME AVAILABLE AT: <b>11/27/2024 09:00 AM CST UTC-6</b>
	DATE / TIME THE RESULT BECAME AVAILABLE: <b>11/29/2024 01:47 PM CST UTC-6</b>

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE	
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**PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS**

PURPOSE OF TEST:

**PRE-EMPLOYMENT**

SPECIMEN ID:

**CF08493026**

COLLECTION DATE / TIME:

**11/27/2024 09:58 AM****EST UTC-5**

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**

EMPLOYEE / APPLICANT:

**mro@med-stop.com****LUCKETT CORY JOVAN**

## DRUG CLASS

## INITIAL SCREENING CUT-OFF LIMIT

## CONFIRMATION CUT-OFF LIMIT

<b>6-AM (10/10)</b>	<b>10 ng/mL</b>	<b>10 ng/mL</b>
<b>AMP/MAMP (500/250)</b>	<b>500 ng/mL</b>	<b>250 ng/mL</b>
<b>COCAINE METABOLITE (150/100)</b>	<b>150 ng/mL</b>	<b>100 ng/mL</b>
<b>MARIJUANA METABOLITES (50/15)</b>	<b>50 ng/mL</b>	<b>15 ng/mL</b>
<b>COD/MOR (2000/2000)</b>	<b>2000 ng/mL</b>	<b>2000 ng/mL</b>
<b>OXYC/OXYM (100/100)</b>	<b>100 ng/mL</b>	<b>100 ng/mL</b>
<b>PHENCYCLIDINE (25/25)</b>	<b>25 ng/mL</b>	<b>25 ng/mL</b>
<b>MDMA/MDA (500/250)</b>	<b>500 ng/mL</b>	<b>250 ng/mL</b>
<b>HYC/HYM (300/100)</b>	<b>300 ng/mL</b>	<b>100 ng/mL</b>

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAWEL K**

DATE / TIME THE RESULT BECAME AVAILABLE:

**11/29/2024 01:47 PM CST UTC-6**

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 (11/26/2024 10:44:16)

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

#### Driver Information

**Name:** CORY LUCKETT

**Date of Birth:** 4/24/1977

**CDL/CLP** ⓘ : US-TX-34395256

#### Consent Information

**Requested:** 11/26/2024 10:33:14

**Recorded:** 11/26/2024 10:44:16

**Status:** Provided

#### Query History

**Created:** 11/26/2024 10:33:14

**Completed:** 11/26/2024 10:44:16

**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

Queries	Violations	RTD	Profile
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