



Marketplace

8433 Quivira Road
Lenexa, KS 66215

C F 1 9 6 4 7 6 0 1

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. TX37220313 | | | | |
| 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) _____ W215 | | | | |
| G. Collection Site Address: Thumbs Up Compliance - Temple 5570 Kegley Place Ln Ste 102 Temple, TX 76502-7404 | | Collection Site Code: 7GS.0188 | Collector Contact Info: Phone (254)231-0023 Fax (254)231-0560 Other info@thumbsupcompliance.com | |

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 noted in accordance with applicable federal requirements.

| | | | | |
|--|-------------------------------|-----------------------------------|---|--|
| <input checked="" type="checkbox"/> Signature of Collector Johnathan Paulk (PRINT) Collector's Name (First, MI, Last) | 12/2/2024 Date (Mo/Day/Yr) | 9:35 CST 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.

| | |
|--|-------------------------------|
| <input checked="" type="checkbox"/> Signature of Donor Shawn C Younger (PRINT) Donor's Name (First, MI, Last) | 12/2/2024 Date (Mo/Day/Yr) |
| Email address: N/A Daytime Phone No. 9152558197 Evening Phone No. 6304857370 Date of Birth 1/14/1997 (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



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:

12/10/2024 01:28 PM CST UTC-6

PAGES:

2

**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 | CF19647601 | 9950 LAWRENCE AVE STE 403 |
| COLLECTION DATE / TIME: | TESTING AUTHORITY: | SCHILLER PARK IL 60176 |
| 12/02/2024 09:35 AM | DOT FMCSA | PHONE: (877) 633-3633 |
| CST UTC-6 | | 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:
YOUNGER, SHAWN CEDRIC**DONOR ID:**
TX37220313**NAME OF COMPANY / LOCATION:****ZIGI FREIGHT INC****6850 W 63RD STREET**
CHICAGO IL 60638**LOCATION / COLLECTION SITE:**
THUMBS UP COMPLIANCE - TEMPL
5570 KEGLEY PLACE LN STE 102
TEMPLE TX 76502-7404
PHONE: (254) 231-0023**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:**
12/03/2024 04:49 PM CST UTC-6**MRO COPY BECAME AVAILABLE AT:**
12/02/2024 09:50 AM CST UTC-6**DATE / TIME THE RESULT BECAME AVAILABLE:**
12/03/2024 04:50 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: PRE-EMPLOYMENT | SPECIMEN ID: CF19647601 | 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: 12/02/2024 09:35 AM CST UTC-6 | TESTING AUTHORITY: DOT FMCSA | |
| TEST RESULT: NEGATIVE | | |

| | |
|--------------|-------------------------|
| MRO REMARKS: | TEST LAB PANEL: W215 |
|--------------|-------------------------|

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

| | |
|---|--|
| EMPLOYEE / APPLICANT: YOUNGER, SHAWN CEDRIC | NAME OF COMPANY / LOCATION: ZIGI FREIGHT INC |
| DONOR ID: TX37220313 | 6850 W 63RD STREET CHICAGO IL 60638 |

| | |
|--|--|
| LOCATION / COLLECTION SITE: THUMBS UP COMPLIANCE - TEMPL 5570 KEGLEY PLACE LN STE 102 TEMPLE TX 76502-7404 PHONE: (254) 231-0023 | LABORATORY PERFORMING TEST: CLINICAL REFERENCE LABORATORY 8433 QUIVIRA LENEXA KS 66215 PHONE: (800) 452-5677 |
|--|--|

| | |
|--|--|
| MEDICAL REVIEW OFFICER: KWIECINSKI PAWEL K | LAB RESULT RECEIVED AT: 12/03/2024 04:49 PM CST UTC-6 |
| SIGNATURE:  | MRO COPY BECAME AVAILABLE AT: 12/02/2024 09:50 AM CST UTC-6 |
| | DATE / TIME THE RESULT BECAME AVAILABLE: 12/03/2024 04:50 PM 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 |
| PRE-EMPLOYMENT | CF19647601 | 9950 LAWRENCE AVE STE 403 |
| COLLECTION DATE / TIME: | TESTING AUTHORITY: | SCHILLER PARK IL 60176 |
| 12/02/2024 09:35 AM | DOT FMCSA | PHONE: (877) 633-3633 |
| CST UTC-6 | | FAX: (847) 647-6608 |
| EMPLOYEE / APPLICANT: | | mro@med-stop.com |
| YOUNGER SHAWN CEDRIC | | |

| 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: | DATE / TIME THE RESULT BECAME AVAILABLE: |
| KWIECINSKI PAWEL K | 12/03/2024 04:50 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 (11/29/2024 12:23:52)

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

Driver Information

Name: SHAWN YOUNGER

Date of Birth: 1/14/1997

CDL/CLP ⓘ : US-TX-37220313

Consent Information

Requested: 11/29/2024 12:04:40

Recorded: 11/29/2024 12:23:52

Status: Provided

Query History

Created: 11/29/2024 12:04:40

Completed: 11/29/2024 12:23:52

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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