



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:

12/19/2024 09:45 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

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

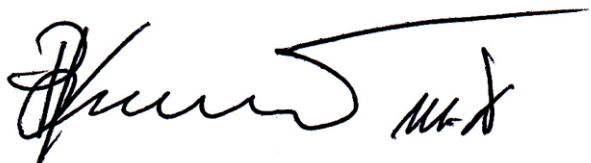
PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	7938815066	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
12/17/2024 09:21 AM	DOT FMCSA	PHONE: (877) 633-3633
EST UTC-5		FAX: (847) 647-6608
TEST RESULT:		EMAIL: mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:
MIRANDA RAMOS, YERI**DONOR ID:**
FLM653960724040**NAME OF COMPANY / LOCATION:****ZIGI FREIGHT INC****6850 W 63RD STREET**
CHICAGO IL 60638**LOCATION / COLLECTION SITE:**
QUICKMED URGENT CARE - BOARD
15 BOARDMAN-CANFIELD RD
CANFIELD OH 44512
PHONE: (330) 333-4200**LABORATORY PERFORMING TEST:****QUEST DIAGNOSTICS****10101 RENNER BLVD****LENEXA KS 66219****PHONE: (800) 877-7484****MEDICAL REVIEW OFFICER:**
KWIECINSKI PAWEL K**SIGNATURE:****LAB RESULT RECEIVED AT:**
12/18/2024 07:07 PM CST UTC-6**MRO COPY BECAME AVAILABLE AT:**
12/17/2024 08:40 AM CST UTC-6**DATE / TIME THE RESULT BECAME AVAILABLE:**
12/19/2024 07:42 AM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



SPECIMEN ID NO. **7938815066****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.** FLM653960724040**D. Specify Testing Authority:** ☐ HHS ☐ NRC ☐ Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG**E. 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:**QUICKmed Urgent Care - Boardman - 58000
15 Boardman-Canfield Rd
Canfield, OH 44512**58000-OH092**

Clinic ID

Collector Contact Info: Phone 330-333-4200**Fax** 330-333-4201**Other** _____**STEP 2 : COMPLETED BY COLLECTOR (make remarks when appropriate).**☒ URINE☐ ORAL FLUID**Collection:** ☒ Split ☐ Single ☐ None Provided, Enter Remark _____**URINE: Collector reads urine temperature within 4 minutes.** Temperature between 90° and 100° F? ☒ Yes ☐ No. Enter Remark _____ ☐ Observed, Enter Remark _____**ORAL 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

Signature of Collector

Brooke Cina

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

12 / 17 / 2024

Date (Mo./Day/Yr.)

9:21:54

Time of Collection

☒ AM
☐ PM**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

YERI Miranda Ramos

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

12 / 17 / 2024

Date (Mo./Day/Yr.)

Email _____ Day Phone (630) 485-7370 Evening Phone (239) 309-5712 Date of Birth 11 / 04 / 1972

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.)

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (12/16/2024 16:13:27)

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

Driver Information	Consent Information	Query History
Name: YERI MIRANDA RAMOS	Requested: 12/16/2024 15:59:36	Created: 12/16/2024 15:59:36
Date of Birth: 11/4/1972	Recorded: 12/16/2024 16:13:27	Completed: 12/16/2024 16:13:27
CDL/CLP ⓘ: US-FL-M653960724040	Status: Provided	Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations