



Marketplace

8433 Quivira Road  
Lenexa, KS 66215

C F 2 0 4 1 8 5 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. <b>FLE425434832180</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>West Coast Wellness</b> <b>4361 Aidan Ln</b> <b>North Port, FL 34287-4917</b>		Collection Site Code: <b>YNW.0066</b>	Collector Contact Info: Phone <b>(941)429-0070</b> Fax <b>(941)429-0032</b> Other <b>alexdc@wcwellness.com</b>	

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 Alex Erickson (PRINT) Collector's Name (First, MI, Last)	1/6/2025 Date (Mo/Day/Yr)	4:30 EST PM Time of Collection	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:	
			<input checked="" type="checkbox"/> UPS <input 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 johnyelcine@gmail.com Email address:	JOHNY O ELCINE (PRINT) Donor's Name (First, MI, Last)	1/6/2025 Date (Mo/Day/Yr)	6/18/1983 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: _____		
<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"/> TEST CANCELLED <input type="checkbox"/> FAILED TO RECONFIRM for: _____		
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:**

---

**01/31/2025 11:10 AM 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**

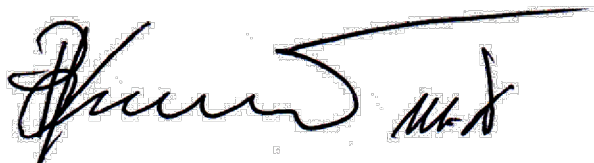
PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
<b>PRE-EMPLOYMENT</b>	<b>CF20418501</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>01/06/2025 04:30 PM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EST UTC-5</b>		<b>FAX: (847) 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:**  
**ELCINE, JOHNY OPSON****DONOR ID:**  
**FLE425434832180****NAME OF COMPANY / LOCATION:****ZIGI FREIGHT INC****6850 W 63RD STREET**  
**CHICAGO IL 60638****LOCATION / COLLECTION SITE:**  
**WEST COAST WELLNESS**  
**4361 AIDAN LN**  
**NORTH PORT FL 34287-4917**  
**PHONE: (941) 429-0070****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:**  
**01/09/2025 03:12 PM CST UTC-6****MRO COPY BECAME AVAILABLE AT:**  
**01/06/2025 03:35 PM CST UTC-6****DATE / TIME THE RESULT BECAME AVAILABLE:**  
**01/09/2025 03:32 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

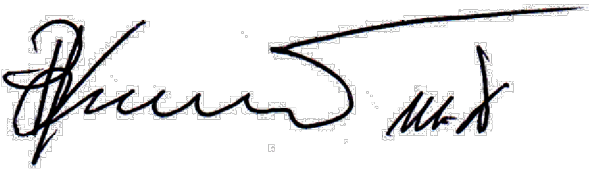
PURPOSE OF TEST: <b>PRE-EMPLOYMENT</b>	SPECIMEN ID: <b>CF20418501</b>	MED-STOP MRO SERVICES 9950 LAWRENCE AVE STE 403 SCHILLER PARK IL 60176 PHONE: (877) 633-3633 FAX: (847) 647-6608 mro@med-stop.com
COLLECTION DATE / TIME: <b>01/06/2025 04:30 PM EST UTC-5</b>	TESTING AUTHORITY: <b>DOT FMCSA</b>	
TEST RESULT: <b>NEGATIVE</b>		

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

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: <b>ELCINE, JOHNY OPSON</b>	NAME OF COMPANY / LOCATION: <b>ZIGI FREIGHT INC</b>
DONOR ID: <b>FLE425434832180</b>	<b>6850 W 63RD STREET CHICAGO IL 60638</b>

LOCATION / COLLECTION SITE: <b>WEST COAST WELLNESS 4361 AIDAN LN NORTH PORT FL 34287-4917 PHONE: (941) 429-0070</b>	LABORATORY PERFORMING TEST: <b>CLINICAL REFERENCE LABORATORY 8433 QUIVIRA LENEXA KS 66215 PHONE: (800) 452-5677</b>
--	--

MEDICAL REVIEW OFFICER: <b>KWIECINSKI PAWEL K</b>	LAB RESULT RECEIVED AT: <b>01/09/2025 03:12 PM CST UTC-6</b>
SIGNATURE: 	MRO COPY BECAME AVAILABLE AT: <b>01/06/2025 03:35 PM CST UTC-6</b>
	DATE / TIME THE RESULT BECAME AVAILABLE: <b>01/09/2025 03:32 PM CST UTC-6</b>

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>CF20418501</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>01/06/2025 04:30 PM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EST UTC-5</b>		<b>FAX: (847) 647-6608</b>
EMPLOYEE / APPLICANT:		<b>mro@med-stop.com</b>
<b>ELCINE JOHNY OPSON</b>		

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:  
**KWIECINSKI PAWEL K**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**01/09/2025 03:32 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 (1/6/2025 11:57:16)

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

#### Driver Information

**Name:** JOHNY ELCINE

**Date of Birth:** 6/18/1983

**CDL/CLP** ⓘ : US-FL-E425434832180

#### Consent Information

**Requested:** 1/6/2025 11:51:06

**Recorded:** 1/6/2025 11:57:16

**Status:** Provided

#### Query History

**Created:** 1/6/2025 11:51:06

**Completed:** 1/6/2025 11:57:16

**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

Subscribe To Email Update



### About

About FMCSA

Registration

Queries

Violations

RTD

Profile

Safety  
Analysis  
Careers  
FMCSA Portal

News and Events

FMCSA Newsroom  
Press Releases  
Speeches  
Testimony  
Events

Resources

Resources for Carriers  
Resources for Consumers  
Resources for Drivers  
Forms  
Contact Us

Policies, Rights, Legal

About DOT  
Budget and Performance  
Civil Rights  
FOIA  
Information Quality  
No FEAR Act  
Office of Inspector General  
Privacy Policy  
Vulnerability Disclosure Policy  
USA.gov  
Web Policies and Notices  
Web Standards

Information Collection #: OMB Control No. 2126-0057

Queries	Violations	RTD	Profile
---------	------------	-----	---------