	8 9 8 8		ient no. yms.dot1	D2828543	8433 Quivi Lenexa, KS	
STEP 1: COMPLETED BY					ACCESSION NO.	
A. Employer Name, Address NIKOLA STAMENKOVIC ZIGI FREIGHT INC 6850 W 63RD ST CHICAGO, IL 60638 Phone#: (630)485-7370 C. Donor SSN, Employee I. D. Specify Testing Authorit E. Reason for Test: TPre	55, I.D. No.) / Fax#: (630)4 D. No., or CDL S y: HHS - -employment	85-6980 State and No.	Site Loca LA 011808111 y DOT Agency: X FMC nable Suspicion/Cause	tion B. MR PA' ME 700 NII Pho CSA FAA FRA Post Accident Ret	RO Name, Address, WEL KWIECINSKI, D-STOP INC 42 N MILWAUKEE LES, IL 60714 one#: (877)633-30 A FTA FTA	AVE 633 / Fax#: (847)647-6608 USCG
F. Drug Tests to be Perforr G. Collection Site Address:	v	-	Collection Site C	Code: Collector Cor		<u>(708)546-0551</u> (708)295-9162
		s, IL 60457-2388	YMS.00	03		info@med-stop.com
		•				
STEP 2: COMPLETED BY				X URIN		RAL FLUID
COLLECTION: X Split	Single	None Provide	d, Enter Remark.			
URINE: Collector reads urin	ne temperature v	within 4 minutes. T	emperature between 90° and	I 100°F? X Yes	5 🗌 No, Enter Rem	ark Observed, Enter Remark
ORAL FLUID: Split Type:	Serial	Concurrent Sub	bdivided Each Device With	nin Expiration Date?	Yes No	Volume Indicator(s) Observed
REMARKS: STEP 3: Collector affixes se					npletes STEP 5 on (Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUST				Y TEST FACILITY		
sealed, and released to the Delivery Service		° certification section on Loby 🖌	2 of this form was collected, labeled,			
	e noted in accordance with					
					• • • • •	
x Approals Ud	ontin		ints.	SPECIMEN BOTTLE	E Fec	dEx
X Jopvorto Vul	Signature owicz	h applicable federal requireme			E Fec	
X Jonworld Will Agnieszka Horod (PRINT) Collector's Name (Fi	Signature OWICZ	th applicable federal requirements	AM		E Fec	dEx ner <u>CRL Courier</u>
X Jopworls U.J. Agnieszka Horod (PRINT) Collector's Name (Fi STEP 5: COMPLETED BY	Signature Owicz irst, MI, Last) DONOR	e of Collector $\frac{2/10/2023}{\text{Date (Mo/Day/Yr)}}$	AM 3:59 CST PM X Time of Collection		Rame of Deliver	dEx ner <u>CRL Courier</u> y Service
X Jonworld Will Agnieszka Horod (PRINT) Collector's Name (Fi	Signature OWICZ irst, MI, Last) DONOR	e of Collector 2/10/2023 Date (Mo/Day/Yr)	AM 3:59 CST PM X Time of Collection		Rame of Deliver	dEx ner <u>CRL Courier</u> y Service
X Agnieszka Horod (PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine speci	Signature OWICZ irst, MI, Last) DONOR	e of Collector 2/10/2023 Date (Mo/Day/Yr)	AM 3:59 CST PM Time of Collection <i>t</i> in any manner; each specimen bottle		Rame of Deliver	dEx her <u>CRL Courier</u> y Service resence; and that the information 2/10/2023
X Agnieszka Horodo (PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine speci- provided on this form and on the label X	Signature OWICZ irst, MI, Last) DONOR imen to the collector; th affixed to each specime	e of Collector 2/10/2023 Date (Mo/Day/Yr)	AM 3:59 CST PM Time of Collection <i>in any manner; each specimen bottle</i>	UPS	Rame of Deliver	dEx ner <u>CRL Courier</u> y Service presence; and that the information <u>2/10/2023</u> Date (Mo/Day/Yr)
X Agnieszka Horodo (PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine speci- provided on this form and on the label X	Signature OWICZ irst, MI, Last) DONOR	e of Collector $\frac{2/10/2023}{Date (Mo/Day/Yr)}$ hat I have not adulterated it en bottle/tube is correct.	AM 3:59 CST PM Time of Collection <i>in any manner; each specimen bottle</i>	UPS a/tube used was sealed with a ta MINGO GARCIA onor's Name (First, MI, Last)	Fec T Oth Name of Deliver mper-evident seal in my p	dEx her <u>CRL Courier</u> y Service presence; and that the information <u>2/10/2023</u> Date (Mo/Day/Yr) 6/20/1960
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Agnieszka Horod (PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine speci provided on this form and on the label X Email address: N/A After the Medical Review Officer m taken. Therefore, you may want to the back of your copy (Copy 5) STEP 6: COMPLETED BY In accordance with applicable fead NEGATIVE REFUSAL TO TEST bec ADULTERATEL SUBSTITU OTHE	Signature Signature owicz irst, MI, Last) DONOR imen to the collector; th affixed to each specime imen to the collector; th affixed to each specime collector; th affixed to each specime collector; th affixed to each specime collector; th affixed to each specime imen to the collector; th affixed to each specime i	the applicable federal requirement applica	AM 3:59 CST PM X Time of Collection t in any manner; each specimen bottle DON (PRINT) Do ytime Phone No. 5043535 ntified by this form, he/she may o bwn records. THIS LIST IS NOT N THE BACK OF ANY OTHER COPY PRIMARY SPECIMEN	UPS Aftube used was sealed with a ta MINGO GARCIA onor's Name (First, MI, Last) 5106 Evening Phone No contact you to ask about pre VECESSARY. If you choose to Y OF THE FORM. TAKE COPY X URIN	Fec Fec X Oth Name of Deliver mper-evident seal in my p . 5043535106 escriptions and over-the o make a list, do so eith / S WITH YOU. E O	dEx her <u>CRL Courier</u> by Service bresence; and that the information <u>2/10/2023</u> Date (Mo/Day/Yr) <u>6/20/1960</u> (Mo/Day/Yr) e-counter medications you may have her on a separate piece of paper or on
Agnieszka Horodo (PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine speci- provided on this form and on the label X I certify that I provided my urine speci- provided on this form and on the label X I certify that I provided my urine speci- provided on this form and on the label X I certify that I provided my urine speci- provided on this form and on the label X I certify that I provided my urine speci- provided on this form and on the label X I certify that I provided my urine speci- provided on this form and on the label X I certify that I provided my urine speci- provided on this form and on the label X I certify that I provided my urine speci- provided on this form and on the label X I certify that I provided my urine speci- Bignature I provided my urine speci- I certify that I provided my urine speci- I naccordance with applicable feat I negATIVE I negATIVE I DILUTE ADULTERATED SUBSTITU	Signature Signature owicz irst, MI, Last) DONOR imen to the collector; th affixed to each specime imen to the collector; th affixed to each specime collector; th affixed to each specime collector; th affixed to each specime collector; th affixed to each specime imen to the collector; th affixed to each specime i	the applicable federal requirement applica	AM 3:59 CST PM X Time of Collection t in any manner; each specimen bottle DON (PRINT) Do ytime Phone No. 5043535 ntified by this form, he/she may o bwn records. THIS LIST IS NOT N THE BACK OF ANY OTHER COPY PRIMARY SPECIMEN	UPS Aftube used was sealed with a ta MINGO GARCIA onor's Name (First, MI, Last) 5106 Evening Phone No contact you to ask about pre VECESSARY. If you choose to Y OF THE FORM. TAKE COPY X URIN	Fec Fec X Oth Name of Deliver mper-evident seal in my p . 5043535106 escriptions and over-the o make a list, do so eith / S WITH YOU. E O	dEx her <u>CRL Courier</u> y Service resence; and that the information <u>2/10/2023</u> Date (Mo/Day/Yr) <u>6/20/1960</u> (Mo/Day/Yr) e-counter medications you may have her on a separate piece of paper or on RAL FLUID
Agnieszka Horod (PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine speci- provided on this form and on the label X Signature Email address: N/A After the Medical Review Officer ru taken. Therefore, you may want to the back of your copy (Copy 5) STEP 6: COMPLETED BY In accordance with applicable fee DILUTE REFUSAL TO TEST be DILUTE REFUSAL TO TEST be DILUTE SUBSTITU OTHE REMARKS:X	Signature Signature owicz irst, MI, Last) DONOR imen to the collector; th affixed to each specime imen to the collector; th affixed to each specime collector; th affixed to each specime collector; th affixed to each specime collector; th affixed to each specime imen to the collector; th affixed to each specime i	the applicable federal requirement applica	AM 3:59 CST PM X Time of Collection t in any manner; each specimen bottle DON (PRINT) Do ytime Phone No. 5043535 ntified by this form, he/she may i why records. THIS LIST IS NOT N THE BACK OF ANY OTHER COPY PRIMARY SPECIMEN	UPS Aftube used was sealed with a ta MINGO GARCIA onor's Name (First, MI, Last) 5106 Evening Phone No contact you to ask about pre VECESSARY. If you choose to Y OF THE FORM. TAKE COPY X URIN		dEx her <u>CRL Courier</u> y Service resence; and that the information <u>2/10/2023</u> Date (Mo/Day/Yr) <u>6/20/1960</u> (Mo/Day/Yr) e-counter medications you may have her on a separate piece of paper or on RAL FLUID
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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)

COPY 2 - MEDICAL REVIEW OFFICER COP	Ϋ́
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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:

NIKOLA STAMENKOVIC

SUBJECT:

URINE DRUG TESTING RESULTS

DOCUMENT CREATED AT: 10/09/2024 12:34 PM CDT UTC-5

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:PRE-EMPLOYMENTCF11898848COLLECTION DATE / TIME:TESTING AUTHORITY:02/10/2023 03:59 PMDOT FMCSACDT UTC-5TEST RESULT:NEGATIVEVEGATIVE

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

TEST LAB PANEL: W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS **EMPLOYEE / APPLICANT:** NAME OF COMPANY / LOCATION: **ZIGI FREIGHT INC** GARCIA, DOMINGO DONOR ID: 6850 W 63RD STREET LA011808111 **CHICAGO IL 60638** LABORATORY PERFORMING TEST: LOCATION / COLLECTION SITE: MED-STOP HICKORY HILLS CLINICAL REFERENCE LABORATORY 7831 W 95TH ST **8433 QUIVIRA HICKORY HILLS IL 60457 LENEXA KS 66215** PHONE: (708) 546-0551 PHONE: (800) 452-5677 **MEDICAL REVIEW OFFICER:** LAB RESULT RECEIVED AT: **KWIECINSKI PAWEL K** 02/11/2023 09:48 AM CDT UTC-5 SIGNATURE: MRO COPY BECAME AVAILABLE AT: 02/10/2023 04:35 PM CDT UTC-5 un III DATE / TIME THE RESULT BECAME AVAILABLE: 02/11/2023 10:41 AM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

TEST RESULT:		mro@med-stop.com
CDT UTC-5		FAX: (847) 647-6
02/10/2023 03:59 PM	DOT FMCSA	PHONE: (877) 633-3
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL
PRE-EMPLOYMENT	CF11898848	9950 LAWRENCE AV
PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SE

MED-STOP MRO SERVICES 9950 LAWRENCE AVE STE 403 **SCHILLER PARK IL 60176** PHONE: (877) 633-3633 (847) 647-6608 FAX:

NEGATIVE

MRO REMARKS:

TEST LAB PANEL: W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
GARCIA, DOMINGO	ZIGI FREIGHT INC
DONOR ID:	6850 W 63RD STREET
LA011808111	CHICAGO IL 60638
LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:
MED-STOP HICKORY HILLS	CLINICAL REFERENCE LABORATORY
7831 W 95TH ST	8433 QUIVIRA
HICKORY HILLS IL 60457	LENEXA KS 66215
PHONE: (708) 546-0551	PHONE: (800) 452-5677
MEDICAL REVIEW OFFICER: KWIECINSKI PAWEL K SIGNATURE: When the second	LAB RESULT RECEIVED AT: 02/11/2023 09:48 AM CDT UTC-5 MRO COPY BECAME AVAILABLE AT: 02/10/2023 04:35 PM CDT UTC-5 DATE / TIME THE RESULT BECAME AVAILABLE: 02/11/2023 10:41 AM CDT UTC-5

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:
PRE-EMPLOYMENT	CF11898848
COLLECTION DATE / TIME:	TESTING AUTHORITY:
02/10/2023 03:59 PM CDT UTC-5	DOT FMCSA
EMPLOYEE / APPLICANT:	
GARCIA DOMINGO	

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

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
НҮС/НҮМ (300/100)	300 ng/mL	100 ng/mL

MEDICAL REVIEW OFFICER: KWIECINSKI PAWEL K

DATE / TIME THE RESULT BECAME AVAILABLE: 02/11/2023 10:41 AM CDT UTC-5

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

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