



C F 1 8 4 6 7 4 6 9

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.<br>NIKOLA STAMENKOVIC / ZIGI FREIGHT INC<br>6850 W 63RD ST<br>CHICAGO, IL 60638<br>Phone#: (630)485-7370 / Fax#: (630)485-6980  |  | Site Location                         | B. MRO Name, Address, Phone No. and Fax No.<br>PAWEL KWIECINSKI, MD (MRO4478)<br>MED-STOP INC<br>9950 LAWRENCE AVE SUITE 403<br>SCHILLER PARK, IL 60176<br>Phone#: (877)633-3633 / Fax#: (847)647-6608<br>MRO@MED-STOP.COM |  |
| C. Donor SSN, Employee I.D. No., or CDL State and No. <b>FL C432441701790</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) _____<br><b>W215</b>  |  |                                       |  |  |
| G. Collection Site Address: <b>Med Stop - Hickory Hills</b><br><b>7831 W 95th St Ste J</b><br><b>Hickory Hills, IL 60457-2388</b>   |  | Collection Site Code: <b>YMS.0003</b> | Collector Contact Info: Phone <b>(708)546-0551</b><br>Fax <b>(708)295-9162</b><br>Other <b>info@med-stop.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"/><br>Signature of Collector<br>Malgorzata Bodyziak<br>(PRINT) Collector's Name (First, MI, Last) | Date (Mo/Day/Yr) 2/3/2025<br>Time of Collection 10:07 CST PM AM <input checked="" type="checkbox"/> | SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:   |  |
|  |   | <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input checked="" type="checkbox"/> Other CRL Courier<br>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"/><br>Signature of Donor<br>Email address: jimchilds6@gmail.com | JAMES ALLEN CHILDS<br>(PRINT) Donor's Name (First, MI, Last) | 2/3/2025<br>Date (Mo/Day/Yr)           |
| Daytime Phone No. 5179140630   | Evening Phone No. 5179140630                                 | 5/19/1970<br>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: _____<br><input type="checkbox"/> DILUTE   |   |   |
| <input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below:<br><input type="checkbox"/> ADULTERATED (adulterant/reason): _____<br><input type="checkbox"/> SUBSTITUTED<br><input type="checkbox"/> OTHER: _____ |   | <input type="checkbox"/> TEST CANCELLED |
| REMARKS:  |   |   |
| <input checked="" type="checkbox"/><br>Signature of Medical Review Officer  | (PRINT) Medical Review Officer's Name (First, MI, Last) | / /<br>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: _____<br><input type="checkbox"/> FAILED TO RECONFIRM for: _____ | <input type="checkbox"/> TEST CANCELLED                 |
| REMARKS:   |   |
| <input checked="" type="checkbox"/><br>Signature of Medical Review Officer                                 | (PRINT) Medical Review Officer's Name (First, MI, Last) |
| / /<br>Date (Mo/Day/Yr)  |   |

COPY 2 - MEDICAL REVIEW OFFICER COPY



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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:**

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**NIKOLA STAMENKOVIC**

**SUBJECT:**

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**URINE DRUG TESTING RESULTS**

**DOCUMENT CREATED AT:**

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**02/11/2025 12:13 PM 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**

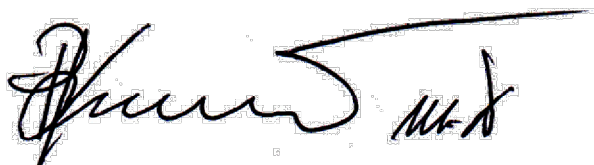
|                            |                    |                                  |
|----------------------------|--------------------|----------------------------------|
| PURPOSE OF TEST:           | SPECIMEN ID:       | MED-STOP MRO SERVICES            |
| <b>PRE-EMPLOYMENT</b>      | <b>CF18467469</b>  | <b>9950 LAWRENCE AVE STE 403</b> |
| COLLECTION DATE / TIME:    | TESTING AUTHORITY: | <b>SCHILLER PARK IL 60176</b>    |
| <b>02/03/2025 10:06 AM</b> | <b>DOT FMCSA</b>   | <b>PHONE: (877) 633-3633</b>     |
| <b>CST UTC-6</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:**  
**CHILDS, JAMES ALLEN****DONOR ID:**  
**FLC432441701790****NAME OF COMPANY / LOCATION:****ZIGI FREIGHT INC****6850 W 63RD STREET**  
**CHICAGO IL 60638****LOCATION / COLLECTION SITE:**  
**MED-STOP HICKORY HILLS**  
**7831 W 95TH ST**  
**HICKORY HILLS IL 60457**  
**PHONE: (708) 546-0551****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:**  
**02/05/2025 12:40 PM CST UTC-6****MRO COPY BECAME AVAILABLE AT:**  
**02/03/2025 10:10 AM CST UTC-6****DATE / TIME THE RESULT BECAME AVAILABLE:**  
**02/05/2025 12:44 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**

COLLECTION DATE / TIME:

**02/03/2025 10:06 AM**

**CST UTC-6**

TEST RESULT:

SPECIMEN ID:

**CF18467469**

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**

**mro@med-stop.com**

**NEGATIVE**

TEST LAB PANEL:

MRO REMARKS:

**W215**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

**CHILDS, JAMES ALLEN**

DONOR ID:

**FLC432441701790**

NAME OF COMPANY / LOCATION:

**ZIGI FREIGHT INC**

**6850 W 63RD STREET**

**CHICAGO IL 60638**

LOCATION / COLLECTION SITE:

**MED-STOP HICKORY HILLS**

**7831 W 95TH ST**

**HICKORY HILLS IL 60457**

**PHONE: (708) 546-0551**

LABORATORY PERFORMING TEST:

**CLINICAL REFERENCE LABORATORY**

**8433 QUIVIRA**

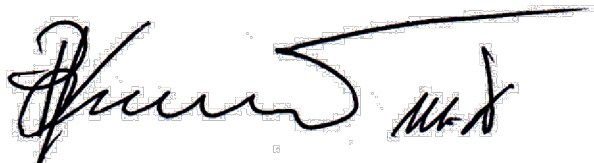
**LENEXA KS 66215**

**PHONE: (800) 452-5677**

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAWEL K**

SIGNATURE:



LAB RESULT RECEIVED AT:

**02/05/2025 12:40 PM CST UTC-6**

MRO COPY BECAME AVAILABLE AT:

**02/03/2025 10:10 AM CST UTC-6**

DATE / TIME THE RESULT BECAME AVAILABLE:

**02/05/2025 12:44 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            |
| <b>PRE-EMPLOYMENT</b>      | <b>CF18467469</b>  | <b>9950 LAWRENCE AVE STE 403</b> |
| COLLECTION DATE / TIME:    | TESTING AUTHORITY: | <b>SCHILLER PARK IL 60176</b>    |
| <b>02/03/2025 10:06 AM</b> | <b>DOT FMCSA</b>   | <b>PHONE: (877) 633-3633</b>     |
| <b>CST UTC-6</b>           |                    | <b>FAX: (847) 647-6608</b>       |
| EMPLOYEE / APPLICANT:      |                    | <b>mro@med-stop.com</b>          |
| <b>CHILDS JAMES ALLEN</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:  
**02/05/2025 12:44 PM CST UTC-6**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)  
Query Result: Driver Not Prohibited  
Query Status: Completed (2/3/2025 10:33:21)  
Conducted By: Teodora Nikolic | Query Type: Pre-employment | Query Submitted: Manually

Driver Information

Name: JAMES CHILDS  
Date of Birth: 5/19/1970  
CDL/CLP : US-FL-C432441701790

Consent Information

Requested: 2/3/2025 10:06:48  
Recorded: 2/3/2025 10:33:21  
Status: Provided

Query History

Created: 2/3/2025 10:06:48  
Completed: 2/3/2025 10:33:21  
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

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