

## FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **7944169346**

OMB No. 0930-0158

## STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<b>A. Employer Name, Address, I.D. No.</b> 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>B. MRO Name, Address, Phone and Fax No.</b> PAWEL KWIECINSKI MD 9950 LAWRENCE AVE STE 403 SCHILLER PARK, IL 60176 Phone: 847-647-0453 Fax: 847-647-6608
<b>C. Donor SSN, Employee I.D., or CDL State and No.</b> TX40122715			
<b>D. Specify Testing Authority:</b> <input type="checkbox"/> HHS <input type="checkbox"/> NRC <input type="checkbox"/> 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			
<b>E. Reason for Test:</b> <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)			
<b>F. Drug Tests to be Performed:</b> <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (Specify)			
<b>G. Collection Site Address:</b> Clinica Hispana Bissonnet - 57804 9411 South Texas 6 Houston, TX 77083		<b>Collector Contact Info:</b> Phone 832-669-2525 Fax 888-660-7582 Other	
Clinic ID <b>57804-TW108</b>			

## STEP 2 : COMPLETED BY COLLECTOR (make remarks when appropriate).

☒ URINE☐ ORAL FLUID

<b>Collection:</b> <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark
<b>URINE:</b> 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
<b>ORAL FLUID:</b> 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
<b>REMARKS:</b>

## 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.	<b>SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:</b>
X Signature of Collector TANIA HERNANDEZ (PRINT) Collector's Name (First, MI, Last)	QUEST Name of Delivery Service
02 / 06 / 2025 Date (Mo./Day/Yr.)	
10:24:20 Time of Collection	

## 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	FREDY CRUZ MARTIN (PRINT) Donor's Name (First, MI, Last)	02 / 06 / 2025 Date (Mo./Day/Yr.)
Email	Day Phone (346) 801-0091 Evening Phone (630) 485-7370	01 / 28 / 1973 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:		
<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:		
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:		
<input type="checkbox"/> RECONFIRMED for:	<input type="checkbox"/> TEST CANCELLED	
<input type="checkbox"/> FAILED TO RECONFIRM for:		
REMARKS:		
X Signature of Medical Review Officer		
(PRINT) Medical Review Officer's Name (First, MI, Last)		
Date (Mo./Day/Yr.)		



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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:**

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**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 04:24 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>7944169346</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>02/06/2025 10:24 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:

65304N

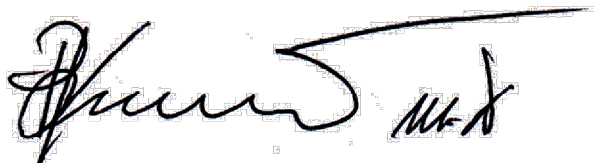
THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
<b>CRUZ MARTIN, FREDY</b>	<b>ZIGI FREIGHT INC</b>
DONOR ID:	<b>6850 W 63RD STREET</b>
<b>TX40122715</b>	<b>CHICAGO IL 60638</b>

LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:
<b>CLINICA HISPANA BISSONNET</b>	<b>QUEST DIAGNOSTICS</b>
<b>9411 SOUTH TEXAS 6</b>	<b>10101 RENNER BLVD</b>
<b>HOUSTON TX 77083</b>	<b>LENEXA KS 66219</b>
<b>PHONE: (832) 474-2222</b>	<b>PHONE: (800) 877-7484</b>

MEDICAL REVIEW OFFICER:	LAB RESULT RECEIVED AT:
<b>KWIECINSKI PAWEL K</b>	<b>02/08/2025 11:19 AM CST UTC-6</b>

SIGNATURE:



MRO COPY BECAME AVAILABLE AT:  
**02/06/2025 10:35 AM CST UTC-6**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**02/08/2025 11:23 AM CST UTC-6**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

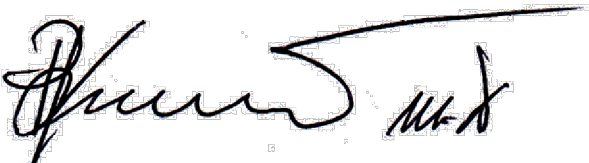
PURPOSE OF TEST: <b>PRE-EMPLOYMENT</b>	SPECIMEN ID: <b>7944169346</b>	MED-STOP MRO SERVICES 9950 LAWRENCE AVE STE 403 SCHILLER PARK IL 60176 PHONE: (877) 633-3633 FAX: (847) 647-6608 mro@med-stop.com
COLLECTION DATE / TIME: <b>02/06/2025 10:24 AM CST UTC-6</b>	TESTING AUTHORITY: <b>DOT FMCSA</b>	
TEST RESULT: <b>NEGATIVE</b>		

MRO REMARKS:	TEST LAB PANEL: 65304N
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THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: <b>CRUZ MARTIN, FREDY</b>	NAME OF COMPANY / LOCATION: <b>ZIGI FREIGHT INC</b>
DONOR ID: <b>TX40122715</b>	<b>6850 W 63RD STREET CHICAGO IL 60638</b>

LOCATION / COLLECTION SITE: <b>CLINICA HISPANA BISSONNET 9411 SOUTH TEXAS 6 HOUSTON TX 77083 PHONE: (832) 474-2222</b>	LABORATORY PERFORMING TEST: <b>QUEST DIAGNOSTICS 10101 RENNER BLVD LENEXA KS 66219 PHONE: (800) 877-7484</b>
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MEDICAL REVIEW OFFICER: <b>KWIECINSKI PAWEL K</b>	LAB RESULT RECEIVED AT: <b>02/08/2025 11:19 AM CST UTC-6</b>
SIGNATURE: 	MRO COPY BECAME AVAILABLE AT: <b>02/06/2025 10:35 AM CST UTC-6</b>
	DATE / TIME THE RESULT BECAME AVAILABLE: <b>02/08/2025 11:23 AM CST UTC-6</b>

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE	
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## PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
<b>PRE-EMPLOYMENT</b>	<b>7944169346</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>02/06/2025 10:24 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>CRUZ MARTIN FREDY</b>		

DRUG CLASS	INITIAL SCREENING CUT-OFF LIMIT	CONFIRMATION CUT-OFF LIMIT
AMPHETAMINE/METHAMPHETAMINE (500 NG/ML SCREEN)	<b>500 ng/mL</b>	<b>250 ng/mL</b>
MDMA/MDA (500 NG/ML SCREEN)	<b>500 ng/mL</b>	<b>250 ng/mL</b>
COCAINE METABOLITE (BZE) (150 NG/ML SCREEN)	<b>150 ng/mL</b>	<b>100 ng/mL</b>
MARIJUANA METABOLITE (THCA) (50 NG/ML SCREEN)	<b>50 ng/mL</b>	<b>15 ng/mL</b>
CODEINE/MORPHINE (2000 NG/ML SCREEN)	<b>2000 ng/mL</b>	<b>2000 ng/mL</b>
6-ACETYLMORPHINE (10 NG/ML SCREEN)	<b>10 ng/mL</b>	<b>10 ng/mL</b>
HYDROCODONE/HYDROMORPHONE (300 NG/ML SCREEN)	<b>300 ng/mL</b>	<b>100 ng/mL</b>
OXYCODONE/OXYMORPHONE (100 NG/ML SCREEN)	<b>100 ng/mL</b>	<b>100 ng/mL</b>
PHENCYCLIDINE	<b>25 ng/mL</b>	<b>25 ng/mL</b>

MEDICAL REVIEW OFFICER:  
**KWIECINSKI PAWEL K**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**02/08/2025 11:23 AM 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 (2/6/2025 9:11:03)

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

Driver Information

Name: FREDY CRUZ MARTIN

Date of Birth: 1/28/1973

CDL/CLP : US-TX-40122715

Consent Information

Requested: 2/5/2025 13:27:32

Recorded: 2/6/2025 9:11:03

Status: Provided

Query History

Created: 2/5/2025 13:27:32

Completed: 2/6/2025 9:11:03

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