

## FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **QD28704709**

O M B No. 0930- 0158

## 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. **FLR245392310000**D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCGE. 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:

NCU - Quest Diagnostics Hunters Creek - 22444  
14050 TOWN LOOP BLVD STE 105  
ORLANDO, FL 32837

**22444-NCU**

Clinic ID

Collector Contact Info: Phone 407-854-3304

Fax 407-854-3448

Other \_\_\_\_\_

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

☒ URINE☐ ORAL FLUIDCollection: ☒ Split ☐ Single ☐ None Provided, Enter RemarkURINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? ☒ Yes ☐ No. Enter Remark ☐ Observed, Enter RemarkORAL 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**

Ambar DeAzevedo

Signature of Collector

02 / 06 / 2025

11:46:37

☒ AM  
☐ PM

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

Date (Mo./Day/Yr.)

Time of Collection

## SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

**QUEST DIAGNOSTICS**

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

HUMBERTO ANTONIO RODRIGUEZ LOZANO

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

02 / 06 / 2025

Date (Mo./Day/Yr.)

Email \_\_\_\_\_ Day Phone (630) 485-7370 Evening Phone (321) 442-1940 Date of Birth 01 / 01 / 1985

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.)



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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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**02/17/2025 10:54 AM 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>QD28704709</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>02/06/2025 11:46 AM</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**

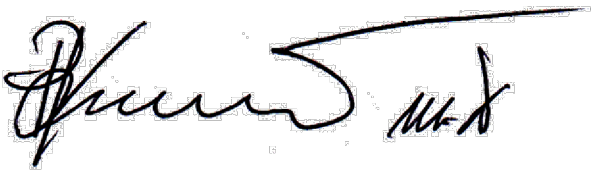
TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
<b>RODRIGUEZ LOZANO, HUMBERTO ANTONIO</b>	<b>ZIGI FREIGHT INC</b>
DONOR ID:	<b>6850 W 63RD STREET</b>
<b>FLR245392310000</b>	<b>CHICAGO IL 60638</b>

LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:
<b>QUEST DIAGNOSTICS ORLANDO HU</b>	<b>QUEST DIAGNOSTICS</b>
<b>14050 TOWN LOOP BLVD</b>	<b>10101 RENNER BLVD</b>
<b>ORLANDO FL 32837</b>	<b>LENEXA KS 66219</b>
<b>PHONE: (407) 854-3304</b>	<b>PHONE: (800) 877-7484</b>

MEDICAL REVIEW OFFICER:	LAB RESULT RECEIVED AT:
<b>KWIECINSKI PAWEL K</b>	<b>02/08/2025 03:07 PM CST UTC-6</b>
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:
	<b>02/06/2025 10:50 AM CST UTC-6</b>
	DATE / TIME THE RESULT BECAME AVAILABLE:
	<b>02/08/2025 03:17 PM CST UTC-6</b>

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:

**02/06/2025 11:46 AM**

**EST UTC-5**

TEST RESULT:

SPECIMEN ID:

**QD28704709**

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:

**65304N**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

**RODRIGUEZ LOZANO, HUMBERTO  
ANTONIO**

DONOR ID:

**FLR245392310000**

NAME OF COMPANY / LOCATION:

**ZIGI FREIGHT INC**

**6850 W 63RD STREET**

**CHICAGO IL 60638**

LOCATION / COLLECTION SITE:

**QUEST DIAGNOSTICS ORLANDO HU**

**14050 TOWN LOOP BLVD**

**ORLANDO FL 32837**

**PHONE: (407) 854-3304**

LABORATORY PERFORMING TEST:

**QUEST DIAGNOSTICS**

**10101 RENNER BLVD**

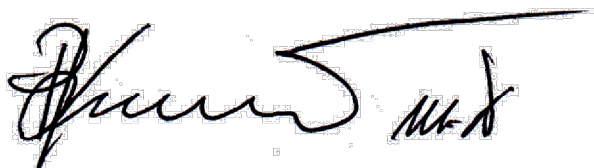
**LENEXA KS 66219**

**PHONE: (800) 877-7484**

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAWEL K**

SIGNATURE:



LAB RESULT RECEIVED AT:

**02/08/2025 03:07 PM CST UTC-6**

MRO COPY BECAME AVAILABLE AT:

**02/06/2025 10:50 AM CST UTC-6**

DATE / TIME THE RESULT BECAME AVAILABLE:

**02/08/2025 03:17 PM CST UTC-6**

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**

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PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
<b>PRE-EMPLOYMENT</b>	<b>QD28704709</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>02/06/2025 11:46 AM</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>RODRIGUEZ LOZANO HUMBERTO ANTONIO</b>		

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

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MEDICAL REVIEW OFFICER:  
**KWIECINSKI PAWEL K**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**02/08/2025 03:17 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 (2/5/2025 12:23:32)  
Conducted By: Teodora Nikolic | Query Type: Pre-employment | Query Submitted: Manually

Driver Information  
Name: HUMBERTO RODRIGUEZ LOZANO  
Date of Birth: 1/1/1985  
CDL/CLP ⓘ : US-FL-R245392310000  
Consent Information  
Requested: 2/5/2025 12:14:05  
Recorded: 2/5/2025 12:23:32  
Status: Provided  
Query History  
Created: 2/5/2025 12:14:05  
Completed: 2/5/2025 12:23:32  
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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Web Standards

Information Collection #: OMB Control No. 2126-0057