

SPECIMEN ID NO. **7937170215****STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE****A. Employer Name, Address, I.D. No.**

Lab Acct #: 10624350


ZIGI FREIGHT INC  
6850 W 63RD STREET  
CHICAGO, IL 60638  
Phone: 630-485-7370 Fax: 630-485-6980DER 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.** FLD253670702150**D. Specify Testing Authority:** ☐ HHS ☐ NRC ☐ Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG**E. 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:**Any Lab Test Now - Avon - 39317  
7810 E US HIGHWAY 36 STE B  
AVON, IN 46123**39317-IN164**

Clinic ID

**Collector Contact Info: Phone** 317-203-3000**Fax** 877-747-9033**Other** \_\_\_\_\_**STEP 2 : COMPLETED BY COLLECTOR (make remarks when appropriate).**☒ URINE☐ ORAL FLUID**Collection:** ☒ Split ☐ Single ☐ None Provided, Enter Remark \_\_\_\_\_**URINE: Collector reads urine temperature within 4 minutes.** Temperature between 90° and 100° F? ☒ Yes ☐ No. Enter Remark \_\_\_\_\_ ☐ Observed, Enter Remark \_\_\_\_\_**ORAL 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** 

Signature of Collector

Samantha Amis 03 / 06 / 2025 2:29:17 ☐ AM ☒ PM

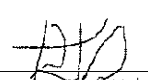
(PRINT) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.) Time of Collection

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

**FEDEX**

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

PEDRO J DIAZCENTENO 03 / 06 / 2025

(PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)

Email \_\_\_\_\_ Day Phone (630) 485-7370 Evening Phone (321) 333-6715 Date of Birth 06 / 15 / 1970

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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**03/11/2025 11:46 AM CDT UTC-5**

**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>7937170215</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>03/06/2025 02:29 PM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EDT UTC-4</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:  
**DIAZ CENTENO, PEDRO JOSE**

DONOR ID:  
**FLD253670702150**

NAME OF COMPANY / LOCATION:  
**ZIGI FREIGHT INC**

**6850 W 63RD STREET**

**CHICAGO IL 60638**

LOCATION / COLLECTION SITE:  
**ANY LAB TEST NOW - AVON**

**7810 E US HIGHWAY 36**

**AVON IN 46123**

**PHONE: (317) 203-3000**

LABORATORY PERFORMING TEST:  
**QUEST DIAGNOSTICS**

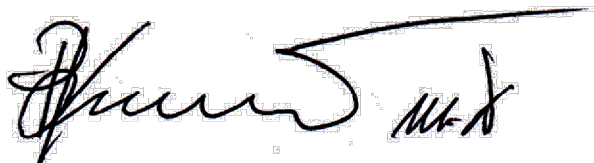
**10101 RENNER BLVD**

**LENEXA KS 66219**

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

MEDICAL REVIEW OFFICER:  
**KWIECINSKI PAWEL K**

SIGNATURE:



LAB RESULT RECEIVED AT:  
**03/07/2025 08:43 PM CDT UTC-5**

MRO COPY BECAME AVAILABLE AT:  
**03/06/2025 02:10 PM CDT UTC-5**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**03/08/2025 08:15 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

PURPOSE OF TEST:

**PRE-EMPLOYMENT**

COLLECTION DATE / TIME:

**03/06/2025 02:29 PM**

**EDT UTC-4**

TEST RESULT:

SPECIMEN ID:

**7937170215**

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:

**DIAZ CENTENO, PEDRO JOSE**

DONOR ID:

**FLD253670702150**

NAME OF COMPANY / LOCATION:

**ZIGI FREIGHT INC**

**6850 W 63RD STREET**

**CHICAGO IL 60638**

LOCATION / COLLECTION SITE:

**ANY LAB TEST NOW - AVON**

**7810 E US HIGHWAY 36**

**AVON IN 46123**

**PHONE: (317) 203-3000**

LABORATORY PERFORMING TEST:

**QUEST DIAGNOSTICS**

**10101 RENNER BLVD**

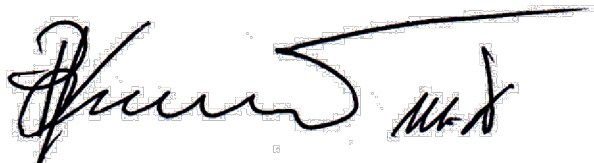
**LENEXA KS 66219**

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

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAWEL K**

SIGNATURE:



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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>7937170215</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>03/06/2025 02:29 PM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EDT UTC-4</b>		<b>FAX: (847) 647-6608</b>
EMPLOYEE / APPLICANT:		<b>mro@med-stop.com</b>
<b>DIAZ CENTENO PEDRO JOSE</b>		

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

MEDICAL REVIEW OFFICER:  
**KWIECINSKI PAWEL K**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**03/08/2025 08:15 AM CDT UTC-5**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (3/6/2025 13:22:51)

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

Driver Information

Name: PEDRO DIAZ CENTENO  
Date of Birth: 6/15/1970  
CDL/CLP : US-FL-D253670702150

Consent Information

Requested: 3/6/2025 13:18:47  
Recorded: 3/6/2025 13:22:51  
Status: Provided

Query History

Created: 3/6/2025 13:18:47  
Completed: 3/6/2025 13:22:51  
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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USA.gov  
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Web Standards

Information Collection #: OMB Control No. 2126-0057

Queries	Violations	RTD	Profile
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