



C F 2 0 6 1 1 7 5 7

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. NIKOLA STAMENKOVIC / ZIGI FREIGHT INC 6850 W 63RD ST CHICAGO, IL 60638 Phone#: (630)485-7370 / Fax#: (630)485-6980 | | Site Location | B. MRO Name, Address, Phone No. and Fax No. PAWEL KWIECINSKI, MD (MRO4478) MED-STOP INC 9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176 Phone#: (877)633-3633 / Fax#: (847)647-6608 MRO@MED-STOP.COM | |
| C. Donor SSN, Employee I.D. No., or CDL State and No. NJ A55900430001861 | | | | |
| 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) _____ W215 | | | | |
| G. Collection Site Address: Med Stop - Hickory Hills 7831 W 95th St Ste J Hickory Hills, IL 60457-2388 | | Collection Site Code: YMS.0003 | Collector Contact Info: Phone (708)546-0551 Fax (708)295-9162 Other info@med-stop.com | |

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.

| | | | | |
|---|-------------------------------|------------------------------------|---|--|
| X Signature of Collector Małgorzata Bodyziak (PRINT) Collector's Name (First, MI, Last) | 3/11/2025 Date (Mo/Day/Yr) | 11:51 CDT PM Time of Collection | SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: | |
| | | | <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input checked="" type="checkbox"/> Other CRL Courier 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.

| | | | |
|--------------------------------|--|--|-------------------------------|
| X Signature of Donor | ANEL ALPHANOR (PRINT) Donor's Name (First, MI, Last) | | 3/11/2025 Date (Mo/Day/Yr) |
| | Email address: N/A Daytime Phone No. 9082668907 Evening Phone No. 9082668907 Date of Birth 1/7/1986 (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"/> ADULTERATED (adulterant/reason): _____ <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> OTHER: _____ | | <input type="checkbox"/> TEST CANCELLED |
| 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"/> FAILED TO RECONFIRM for: _____ | | <input type="checkbox"/> TEST CANCELLED |
| 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 COPY



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:

03/12/2025 01:54 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: | MED-STOP MRO SERVICES |
| PRE-EMPLOYMENT | CF20611757 | 9950 LAWRENCE AVE STE 403 |
| COLLECTION DATE / TIME: | TESTING AUTHORITY: | SCHILLER PARK IL 60176 |
| 03/11/2025 11:49 AM | DOT FMCSA | PHONE: (877) 633-3633 |
| CDT UTC-5 | | FAX: (847) 647-6608 |
| TEST RESULT: | | EMAIL: mro@med-stop.com |

NEGATIVE

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

ALPHANOR, ANEL

DONOR ID:

NJA55900430001861

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**

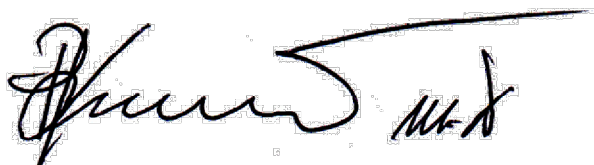
LABORATORY PERFORMING TEST:

CLINICAL REFERENCE LABORATORY**8433 QUIVIRA****LENEXA KS 66215****PHONE: (800) 452-5677**

MEDICAL REVIEW OFFICER:

KWIECINSKI PAWEL K

SIGNATURE:



LAB RESULT RECEIVED AT:

03/12/2025 11:45 AM CDT UTC-5

MRO COPY BECAME AVAILABLE AT:

03/11/2025 11:55 AM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:

03/12/2025 12:23 PM 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:

03/11/2025 11:49 AM

CDT UTC-5

TEST RESULT:

SPECIMEN ID:

CF20611757

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:

ALPHANOR, ANEL

DONOR ID:

NJA55900430001861

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

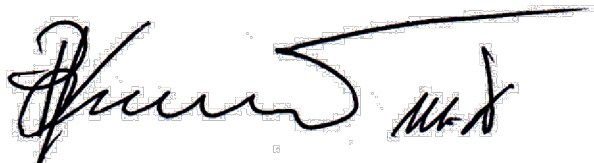
LENEXA KS 66215

PHONE: (800) 452-5677

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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 |
| PRE-EMPLOYMENT | CF20611757 | 9950 LAWRENCE AVE STE 403 |
| COLLECTION DATE / TIME: | TESTING AUTHORITY: | SCHILLER PARK IL 60176 |
| 03/11/2025 11:49 AM | DOT FMCSA | PHONE: (877) 633-3633 |
| CDT UTC-5 | | FAX: (847) 647-6608 |
| EMPLOYEE / APPLICANT: | | mro@med-stop.com |
| ALPHANOR ANEL | | |

| 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:
03/12/2025 12:23 PM CDT UTC-5

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 (3/11/2025 11:27:05)

Conducted By: Mateja Markovic | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: ANEL ALPHANOR

Date of Birth: 1/7/1986

CDL/CLP ⓘ : US-NJ-A55900430001861

Consent Information

Requested: 3/11/2025 11:15:41

Recorded: 3/11/2025 11:27:05

Status: Provided

Query History

Created: 3/11/2025 11:15:41

Completed: 3/11/2025 11:27:05

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 |
|---------|------------|-----|---------|