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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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**03/12/2025 10:58 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**

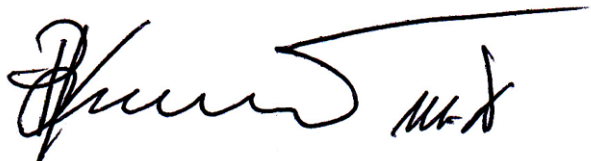
PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
<b>PRE-EMPLOYMENT</b>	<b>CF16961380</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>03/05/2025 11:43 AM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EDT UTC-4</b>		<b>FAX: (847) 647-6608</b>
TEST RESULT:		<b>EMAIL: mro@med-stop.com</b>

**NEGATIVE**

TEST LAB PANEL:

W215

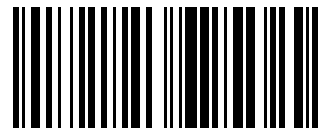
THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

**EMPLOYEE / APPLICANT:**  
**NELSON, ANGENEAU****DONOR ID:**  
**FLN425000794600****NAME OF COMPANY / LOCATION:****ZIGI FREIGHT INC****6850 W 63RD STREET**  
**CHICAGO IL 60638****LOCATION / COLLECTION SITE:**  
**TLC HEALTH CARE SOLUTIONS**  
**611 NW 31ST AVE**  
**POMPANO BEACH FL 33069-2543**  
**PHONE: (954) 917-8099****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:**  
**03/06/2025 04:28 PM CDT UTC-5****MRO COPY BECAME AVAILABLE AT:**  
**03/05/2025 10:50 AM CDT UTC-5****DATE / TIME THE RESULT BECAME AVAILABLE:**  
**03/06/2025 04:31 PM CDT UTC-5**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





100013784



Experiencing issues? Please contact our support team at 877-376-3691

## DONOR INFORMATION

### ANGENEAU NELSON

CDL: N425000794600

### YOUR SITE IS:

TLC HEALTH CARE SOLUTIONS

611 NW 31ST AVE

POMPANO BEACH, FL 33069-2543

(954) 917-8099

### INSTRUCTIONS:

- CALL the site to confirm hours and if an appointment is needed at (954) 917-8099.
- BRING THIS FORM and a VALID PHOTO ID to the site.
- Your visit must be completed before 12:00 PM on Mar 05, 2025 EST UTC-5.

## CLINIC INFORMATION

### INSTRUCTIONS:

You must enter/scan the authorization number above and complete the services below in FormFox to be automatically paid for these Marketplace services.

### GUARANTOR/RESPONSIBLE PARTY: CRL/FormFox Marketplace

Do not invoice the client/TPA for these Marketplace services.

### SERVICES TO PROVIDE:

DRUG TEST DOT FMCSA  
CRL

### REASON FOR TEST:

PRE-EMPLOYMENT SPLIT URINE  
\*NOT OBSERVED\*

### ACCOUNT #:

YMS.DOT1.D2828543

*Do not write in services below.*

### EMPLOYER:

ZIGI FREIGHT INC  
6850 W 63RD STREET  
CHICAGO, IL 60638

### DER:

NIKOLA STAMENKOVIC  
(630) 485-7370

### TPA: