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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 03:59 PM 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>CF20611763</b>  | <b>9950 LAWRENCE AVE STE 403</b> |
| COLLECTION DATE / TIME:    | TESTING AUTHORITY: | <b>SCHILLER PARK IL 60176</b>    |
| <b>03/11/2025 12:33 PM</b> | <b>DOT FMCSA</b>   | <b>PHONE: (877) 633-3633</b>     |
| <b>CDT UTC-5</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:  
**BLANCO VELAZCO, CRUZ Y**

DONOR ID:  
**TX42909885**

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 12:59 PM CDT UTC-5**

MRO COPY BECAME AVAILABLE AT:  
**03/11/2025 12:40 PM CDT UTC-5**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**03/12/2025 01:01 PM CDT UTC-5**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





C F 2 0 6 1 1 7 6 3

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.<br>NIKOLA STAMENKOVIC / ZIGI FREIGHT INC<br>6850 W 63RD ST<br>CHICAGO, IL 60638<br>Phone#: (630)485-7370 / Fax#: (630)485-6980  |  | Site Location                         | B. MRO Name, Address, Phone No. and Fax No.<br>PAWEL KWIECINSKI, MD (MRO4478)<br>MED-STOP INC<br>9950 LAWRENCE AVE SUITE 403<br>SCHILLER PARK, IL 60176<br>Phone#: (877)633-3633 / Fax#: (847)647-6608<br>MRO@MED-STOP.COM |  |
| C. Donor SSN, Employee I.D. No., or CDL State and No. <b>TX 42909885</b>  |  |                                       |  |  |
| 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) _____<br><b>W215</b>  |  |                                       |  |  |
| G. Collection Site Address: <b>Med Stop - Hickory Hills</b><br><b>7831 W 95th St Ste J</b><br><b>Hickory Hills, IL 60457-2388</b>   |  | Collection Site Code: <b>YMS.0003</b> | Collector Contact Info: Phone <b>(708)546-0551</b><br>Fax <b>(708)295-9162</b><br>Other <b>info@med-stop.com</b>   |  |

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.

|  |                               |   |   |  |
|--|-------------------------------|---|---|--|
| <input checked="" type="checkbox"/><br>Signature of Collector<br>Malgorzata Bodyziak<br>(PRINT) Collector's Name (First, MI, Last) | Date (Mo/Day/Yr)<br>3/11/2025 | Time of Collection<br>12:36 CDT PM <input checked="" type="checkbox"/> AM | SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:   |  |
|  |                               |   | <input type="checkbox"/> UPS<br><input type="checkbox"/> FedEx<br><input checked="" type="checkbox"/> Other CRL Courier<br>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.

|   |  |                              |
|---|--|------------------------------|
| <input checked="" type="checkbox"/><br>Signature of Donor | CRUZ Y BLANCO VELAZCO                  | 3/11/2025                    |
|   | (PRINT) Donor's Name (First, MI, Last) | Date (Mo/Day/Yr)             |
| Email address: yamariblanco2@gmail.com                    | Daytime Phone No. 7138856356           | Evening Phone No. 7138856356 |
|   | Date of Birth                          | 8/30/1983                    |
|   |  | (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: _____<br><input type="checkbox"/> DILUTE   |   |                  |
| <input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below: <input type="checkbox"/> TEST CANCELLED<br><input type="checkbox"/> ADULTERATED (adulterant/reason): _____<br><input type="checkbox"/> SUBSTITUTED<br><input type="checkbox"/> OTHER: _____ |   |                  |
| REMARKS:  |   |                  |
| <input checked="" type="checkbox"/><br>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<br><input type="checkbox"/> FAILED TO RECONFIRM for: _____ |   |                  |
| REMARKS:   |   |                  |
| <input checked="" type="checkbox"/><br>Signature of Medical Review Officer   | (PRINT) Medical Review Officer's Name (First, MI, Last) | Date (Mo/Day/Yr) |

COPY 2 - MEDICAL REVIEW OFFICER COPY

## Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (3/11/2025 12:20:22)

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

### Driver Information

Name: CRUZ BLANCO VELAZCO  
Date of Birth: 8/30/1983  
CDL/CLP ⓘ: US-TX-42909885

### Consent Information

Requested: 3/11/2025 11:35:41  
Recorded: 3/11/2025 12:20:22  
Status: Provided

### Query History

Created: 3/11/2025 11:35:41  
Completed: 3/11/2025 12:20:22  
Query Result: Driver Not Prohibited

LEARN

The Return

## Open Violations

No Open Violations