

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: 03/24/2025 11:59 AM CDT UTC-5

PAGES:

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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:
PRE-EMPLOYMENT	CF20612042
COLLECTION DATE / TIME:	TESTING AUTHORITY:
03/20/2025 11:25 AM CDT UTC-5	DOT FMCSA
TEST RESULT:	
NEGATIVE	

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

TEST LAB PANEL: W215

THIS TEST WAS PERFORME	ED ACCORDING TO 49CFR.40 REGULATIONS		
EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:		
GIMERANES PEREZ, LUIS	ZIGI FREIGHT INC		
DONOR ID:	6850 W 63RD STREET		
FLG565520732480	CHICAGO IL 60638		
LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:		
MED-STOP HICKORY HILLS	CLINICAL REFERENCE LABORATORY		
7831 W 95TH ST	8433 QUIVIRA		
HICKORY HILLS IL 60457	LENEXA KS 66215		
PHONE: (708) 546-0551	PHONE: (800) 452-5677		
MEDICAL REVIEW OFFICER:	LAB RESULT RECEIVED AT:		
KWIECINSKI PAWEL K	03/21/2025 12:11 PM CDT UTC-5		
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:		
\mathcal{D}	03/20/2025 11:30 AM CDT UTC-5		
Alun III	DATE / TIME THE RESULT BECAME AVAILABLE:		
With the second	03/21/2025 12:19 PM CDT UTC-5		

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

CF206		2			8433 Quivira Road Lenexa, KS 66215	RL
SPECIMEN II			O. YMS.DOT1.			
A. Employer Name, Address NIKOLA STAMENKOVIC / ZI 6850 W 63RD ST CHICAGO, IL 60638 Phone#: (630)485-7370 / F	s, I.D. No. IGI FREIGHT INC	MPLOYER REPRESE	NTATIVE Site Locatior	B. MRO Name, PAWEL KWIEC MED-STOP IN 9950 LAWREN SCHILLER PAF	C ICE AVE SUITE 403	
C. Donor SSN, Employee I.	D. No., or CDL State	and No. FI G	56552073	•		
D. Specify Testing Authority E. Reason for Test: X Pre- F. Drug Tests to be Perform	-employment Rand	RC Specify DOT A dom Reasonable S C, PCP, OPI, AMP	Agency: X FMC	SA FAA FRA Post Accident Return	FTA PHMSA USCG to Duty Follow-up Other (speci cify)	
G. Collection Site Address:	Med Stop - Hicko	ory Hills	Collection Site C	ode: Collector Contact	Info: Phone (708)546-0551	
	7831 W 95th St		YMS.00		Fax (708)295-9162	
	Hickory Hills, IL	60457-2388	119.00	05	Other info@med-stop.com	
STEP 2: COMPLETED BY	COLLECTOR (mak	a romarke when an	nronriata)		ORAL FLUID	
			propriace).	X URINE]
COLLECTION: X Split	Single	None Provided, Enter	Remark.			
URINE: Collector reads urin	ne temperature within	n 4 minutes. Temperati	ure between 90° and	100°F? X Yes	No, Enter Remark Observed, Enter	Remark
ORAL FLUID: Split Type:	Serial Concu	urrent Subdivided	Each Device With	in Expiration Date? Yes	No Volume Indicator(s) C	Observed
REMARKS:			I		I	
STEP 4: CHAIN OF CUST(I certify that the specimen given to me by to sealed, and released to the Delivery, Service	the donor identified in the certifica	ation section on Copy 2 of this form				
					/TUBE(S) RELEASED TO:	
x 11975	Signature of Coll	lector		SPECIMEN BOTTLE(S)	FedEx	
Malgorzata m Bod	lyziak	3/20/2025 1	AM X 1:25 CDT PM		FedEx Other CRL Courier	
Malgorzata m Bod (PRINT) Collector's Name (Fir	lyziak rst, MI, Last) Da	3/20/2025 1	AM X		FedEx	
MalgorZata-m Bod (PRINT) Collector's Name (Fir STEP 5: COMPLETED BY I certify that I provided my urine specir provided on this form and on the label	lyziak rst, MI, Last) Di DONOR men to the collector; that I hai	3/20/2025 1 ate (Mo/Day/Yr) 1 we not adulterated it in any mai	AM X 11:25 CDT PM ne of Collection	UPS	FedEx CRL Courier Name of Delivery Service evident seal in my presence; and that the information	
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MalgOrZata m Bod (PRINT) Collector's Name (Fin STEP 5: COMPLETED BY I certify that I provided my urine specir provided on this form and on the label X Signature Email address: N/A After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5). –	Ivziak D. rst, MI, Last) D. DONOR D. men to the collector; that I have affixed to each specimen both D. e of Donor D. ecceives the test results for o make a list of those medid DO NOT PROVIDE THIS IN	3/20/2025 1 ate (Mo/Day/Yr) Tim we not adulterated it in any mark le/tube is correct. Daytime Pho the specimen identified by ications for your own recorr NFORMATION ON THE BAC	AM X 11:25 CDT PM ne of Collection Anner; each specimen bottle, LUIS G (PRINT) Do one No. <u>3056150</u> this form, he/she may c ds. THIS LIST IS NOT N K OF ANY OTHER COPY	UPS <i>tube used was sealed with a tamper-</i> IMERANES PEREZ nor's Name (First, MI, Last) 478 Evening Phone No. <u>31</u> ontact you to ask about prescript ECESSARY. If you choose to mak OF THE FORM. TAKE COPY 5 W.	FedEx FedEx Name of Delivery Service evident seal in my presence; and that the information alignment of my presence;	ay/Yr) 973 y/Yr) r have
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MalgOrZata m Bod (PRINT) Collector's Name (Fin STEP 5: COMPLETED BY I certify that I provided my urine specir provided on this form and on the label. X Signature Email address: N/A After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5). – STEP 6: COMPLETED BY In accordance with applicable fed DILUTE REFUSAL TO TEST bec DILUTE REFUSAL TO TEST bec DILUTE REFUSAL TO TEST bec DILUTE SUBSTITU OTHEF REMARKS: X Signature of Mec STEP 7: COMPLETED BY In accordance with applicable federa RECONFIRMED for: FAILED TO RECON	Ayziak D. rst, MI, Last) D. DONOR D. men to the collector; that I have affixed to each specimen both affixed to each specimen both e of Donor D. e colexes the test results for the provide the prov	3/20/2025 1 ate (Mo/Day/Yr) Tim we not adulterated it in any mark le/tube is correct. Daytime Pho the specimen identified by ications for your own record NFORMATION ON THE BACC OFFICER - PRIMAN ication is: ((s) below:): / OFFICER - SPLIT S tion for the split specimen (if	AM X 11:25 CDT PM ne of Collection Amer; each specimen bottle/ LUIS G (PRINT) Do one No. 3056150 this form, he/she may c ds. THIS LIST IS NOT N K OF ANY OTHER COPY RY SPECIMEN (PRINT) Medical Re SPECIMEN ^f tested) is:	UPS	FedEx Tother CRL Courier Name of Delivery Service evident seal in my presence; and that the information 3/20/2 Date (Mo/Da 7/8/1 056150478 Date of Birth 7/8/1 (Mo/Da 7/8/1 (Mo/Da	ay/Yr) 973 y/Yr) r have er or on
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