MED STOP

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:

04/17/2025 12:34 PM CDT UTC-5

PAGES:

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PLEASE FORWARD TO THE SAFETY OFFICER   **CONFIDENTIAL**

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:
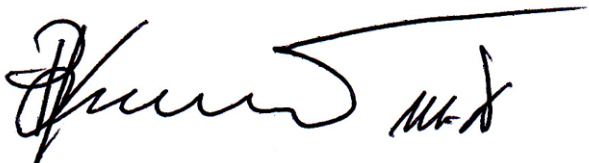
PRE-EMPLOYMENT

SPECIMEN ID:

CF18468818

MED-STOP MRO SERVICES

9950 LAWRENCE AVE STE 403

SCHILLER PARK IL 60176

COLLECTION DATE / TIME:

04/16/2025 11:17 AM CDT UTC-5

TESTING AUTHORITY:

DOT FMCSA

PHONE: (877) 633-3633

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:

JAUREGUI, HECTOR

DONOR ID:

CAD6153267

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:

04/17/2025 12:10 PM CDT UTC-5

MRO COPY BECAME AVAILABLE AT:

04/16/2025 11:20 AM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:

04/17/2025 12:15 PM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

8433 Quivira Road
Lenexa, KS 66215

CRL

CF18468818

SPECIMEN ID NO.   CLIENT NO. YMS.DOT1.D2828543

OMB No. 0930-0158

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.   **CA D6153267**

D. Specify Testing Authority: [ ] HHS [ ] NRC   Specify DOT Agency: [X] FMCSA [ ] FAA [ ] FRA [ ] FTA [ ] PHMSA [ ] USCG

E. Reason for Test: [X] Pre-employment [ ] Random [ ] Reasonable Suspicion/Cause [ ] Post Accident [ ] Return to Duty [ ] Follow-up [ ] Other (specify)

F. Drug Tests to be Performed: [X] THC, COC, PCP, OPI, AMP   [ ] THC & COC Only   [ ] Other (specify)
W215

G. Collection Site Address: **Med Stop - Hickory Hills**   Collection Site Code: Collector Contact Info: Phone **(708)546-0551**
7831 W 95th St Ste J   **YMS.0003**   Fax **(708)295-9162**
Hickory Hills, IL 60457-2388   Other **info@med-stop.com**

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).   [X] **URINE**   [ ] **ORAL FLUID**

COLLECTION: [X] Split [ ] Single [ ] None Provided, Enter Remark.

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F?   [X] 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)_

Signature of Collector

Malgorzata m Bodyziak   4/16/2025   AM **X**
11:17 CDT PM
(PRINT) Collector's Name (First, MI, Last)   Date (Mo/Day/Yr)   Time of Collection

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

[ ] UPS   [ ] FedEx

[X] 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)_
Signature of Donor

HECTOR JAUREGUI   4/16/2025
(PRINT) Donor's Name (First, MI, Last)   Date (Mo/Day/Yr)

Email address: prohibition710@gmail.com   Daytime Phone No. 5593192624 Evening Phone No. 5593192624   Date of Birth 6/2/1986
(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   [X] **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)

COPY 2 - MEDICAL REVIEW OFFICER COPY

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (4/16/2025 9:20:04)

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

Driver Information

Name: HECTOR JAUREGUI
Date of Birth: 6/2/1986
CDL/CLP ⓘ: US-CA-D6153267

Consent Information

Requested: 4/16/2025 9:18:34
Recorded: 4/16/2025 9:20:04
Status: Provided

Query History

Created: 4/16/2025 9:18:34
Completed: 4/16/2025 9:20:04
Query Result: Driver Not Prohibited

Open Violations

No Open Violations