



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:

04/22/2025 09:14 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:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	CF18402350	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
04/16/2025 09:57 AM	DOT FMCSA	PHONE: (877) 633-3633
EDT UTC-4		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:
HERNANDEZ, RAGGIEL ERNESTO

DONOR ID:
TX42797651

NAME OF COMPANY / LOCATION:
ZIGI FREIGHT INC

6850 W 63RD STREET

CHICAGO IL 60638

LOCATION / COLLECTION SITE:
PRIMARY PLUS OCCUPATIONAL HE

1539 PARENTAL HOME RD

JACKSONVILLE FL 32216-3009

PHONE: (904) 800-9534

LABORATORY PERFORMING TEST:
CLINICAL REFERENCE LABORATORY

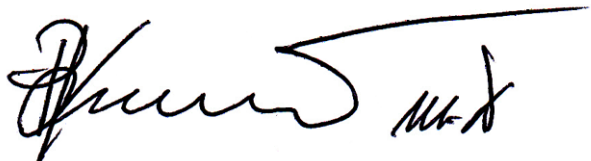
8433 QUIVIRA

LENEXA KS 66215

PHONE: (800) 452-5677

MEDICAL REVIEW OFFICER:
KWIECINSKI PAWEL K

SIGNATURE:



LAB RESULT RECEIVED AT:
04/17/2025 12:38 PM CDT UTC-5

MRO COPY BECAME AVAILABLE AT:
04/16/2025 09:10 AM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:
04/17/2025 12:40 PM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





Marketplace

8433 Quivira Road
Lenexa, KS 66215

CF18402350

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.

ZIGI FREIGHT INC
6850 W 63RD STREET
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.

TX42797651

D. Specify Testing Authority:

☐

HHS

☐

NRC

Specify DOT Agency:

☒

FMCSA

☐

FAA

☐

FRA

☐

FTA

☐

PHMSA

☐

USCG

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

F. Drug Tests to be Performed:

☒

THC, COC, PCP, OPI, AMP

☐

THC & COC Only

☐

Other (specify)

W215

G. Collection Site Address:

Primary Plus Occupational

Collection Site Code:

Collector Contact Info: Phone

(904)800-9534

1539 Parental Home Rd

7GS.9228

Fax Not Provided

Jacksonville, FL 32216-3009

Other primaryplusochealth@gmail.com

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).☒ URINE☐ ORAL FLUID

COLLECTION:

☒

Split

☐

Single

☐

None Provided, Enter Remark.

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F?

☒

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 of Collector

Crystal Crews

4/16/2025

9:57 EDT PM

(PRINT) Collector's Name (First, MI, Last)

Date (Mo/Day/Yr)

Time of Collection

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

☐ UPS☒ FedEx☐ Other

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

RAGGIEL E HERNANDEZ

(PRINT) Donor's Name (First, MI, Last)

4/16/2025

Date (Mo/Day/Yr)

Email address: N/A

Daytime Phone No. 4329993293 Evening Phone No. 4329993293 Date of Birth

10/1/1989

(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:

☐ 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

OMB No. 0930-0158

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (4/15/2025 10:18:35)

Conducted By: Teodora Nikolic | Query Type: Pre-employment | Query Submitted: Manually

Driver Information	Consent Information	Query History
<p>Name: RAGGIEL HERNANDEZ</p> <p>Date of Birth: 10/1/1989</p> <p>CDL/CLP ⓘ: US-TX-42797651</p>	<p>Requested: 4/15/2025 10:15:29</p> <p>Recorded: 4/15/2025 10:18:35</p> <p>Status: Provided</p>	<p>Created: 4/15/2025 10:15:29</p> <p>Completed: 4/15/2025 10:18:35</p> <p>Query Result: Driver Not Prohibited</p>

Open Violations

No Open Violations