



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:

04/30/2025 04:00 PM 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	CF06852500	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
04/22/2025 10:50 AM	DOT FMCSA	PHONE: (877) 633-3633
MDT UTC-6		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:
SWAIN, DANIEL REED**DONOR ID:**
CO941261534**NAME OF COMPANY / LOCATION:****ZIGI FREIGHT INC**
6850 W 63RD STREET
CHICAGO IL 60638**LOCATION / COLLECTION SITE:**
UCHEALTH POWERS OCCUPATION
4323 INTEGRITY CENTER PT
COLORADO SPRINGS CO 80917-168
PHONE: (719) 364-6940**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:**
04/23/2025 01:56 PM CDT UTC-5**MRO COPY BECAME AVAILABLE AT:**
04/22/2025 12:00 PM CDT UTC-5**DATE / TIME THE RESULT BECAME AVAILABLE:**
04/23/2025 01:58 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

CF06852500

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. C0941261534				
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) _____ W215				
G. Collection Site Address: UCHealth Powers Occupational 4323 Integrity Center Pt Colorado Springs, CO 80917-		Collection Site Code: A5E.0000	Collector Contact Info: Phone (719)364-6940 Fax (719)365-7681 Other chelsea.palmer2@uchealth.org	

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"/> Signature of Collector Marina Powers (PRINT) Collector's Name (First, MI, Last)	4/22/2025 Date (Mo/Day/Yr)	10:50 MDT PM Time of Collection	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:	
			<input type="checkbox"/> UPS <input checked="" type="checkbox"/> FedEx <input type="checkbox"/> 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.

<input checked="" type="checkbox"/> Signature of Donor DANIEL R SWAIN (PRINT) Donor's Name (First, MI, Last)	4/22/2025 Date (Mo/Day/Yr)
Email address: N/A Daytime Phone No. 8015207894 Evening Phone No. 8015207894 Date of Birth 5/27/1978 (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: _____ <input type="checkbox"/> DILUTE		
<input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below: <input type="checkbox"/> TEST CANCELLED <input type="checkbox"/> ADULTERATED (adulterant/reason): _____ <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> OTHER: _____		
REMARKS: _____		
<input checked="" type="checkbox"/> 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"/> FAILED TO RECONFIRM for: _____			<input type="checkbox"/> TEST CANCELLED
REMARKS: _____			
<input checked="" type="checkbox"/> 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 (4/22/2025 10:06:10)

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

Driver Information

Name: DANIEL SWAIN

Date of Birth: 5/27/1978

CDL/CLP ⓘ: US-CO-941261534

Consent Information

Requested: 4/22/2025 10:03:17

Recorded: 4/22/2025 10:06:10

Status: Provided

Query History

Created: 4/22/2025 10:03:17

Completed: 4/22/2025 10:06:10

Query Result: Driver Not Prohibited

Open Violations

No Open Violations