



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:

05/05/2025 03:15 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	CF19657420	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
04/28/2025 01:37 PM	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:
**ROSALES ARRIOLA, CARLOS
MANUEL**

NAME OF COMPANY / LOCATION:
ZIGI FREIGHT INC

DONOR ID:
FLR242113663650

**6850 W 63RD STREET
CHICAGO IL 60638**

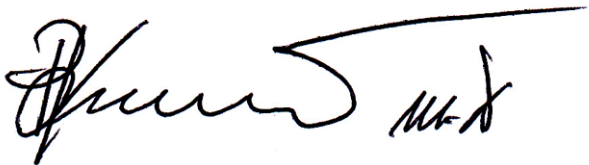
LOCATION / COLLECTION SITE:
**HEALTH CARE CENTER OF LITTLE
711 NW 21ST COURT
MIAMI FL 33125
PHONE: (305) 888-6959**

LABORATORY PERFORMING TEST:
**CLINICAL REFERENCE LABORATORY
8433 QUIVIRA
LENEXA KS 66215
PHONE: (800) 452-5677**

MEDICAL REVIEW OFFICER:
KWIECINSKI PAWEL K

LAB RESULT RECEIVED AT:
04/30/2025 04:20 PM CDT UTC-5

SIGNATURE:



MRO COPY BECAME AVAILABLE AT:
04/28/2025 12:50 PM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:
04/30/2025 04:21 PM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





CF 19657420

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D2828543



Marketplace

8433 Quivira Road
Lenexa, KS 66215

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.

FLR242113663650

D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCGE. 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: Health Care Center of Little

711 NW 21st Court

Miami, FL 33125

Collection Site Code:

7GS.5185

Collector Contact Info: Phone (305)888-6959

Fax (305)593-2517

Other Monika.Cruz@hccmiami.com

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

☒ URINE☐ ORAL FLUIDCOLLECTION: ☒ 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 RemarkORAL 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

JEYDA CRUZ

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

4/28/2025

Date (Mo/Day/Yr)

1:37 EDT PM X

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

CARLOS M ROSALES ARRIOLA

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

4/28/2025

Date (Mo/Day/Yr)

10/5/1966

Date (Mo/Day/Yr)

Email address: N/A

Daytime Phone No. 7865232628 Evening Phone No. 6304857370 Date of Birth

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