



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:

05/28/2025 03:20 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 | CF20613152 | 9950 LAWRENCE AVE STE 403 |
| COLLECTION DATE / TIME: | TESTING AUTHORITY: | SCHILLER PARK IL 60176 |
| 05/27/2025 10:34 AM | DOT FMCSA | PHONE: (877) 633-3633 |
| CDT UTC-5 | | 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:
O'BRIEN, JAKE PATRICK

DONOR ID:
FLO165435931100

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

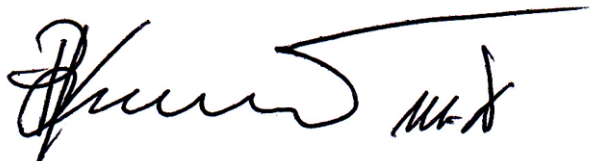
8433 QUIVIRA

LENEXA KS 66215

PHONE: (800) 452-5677

MEDICAL REVIEW OFFICER:
KWIECINSKI PAUL

SIGNATURE:



LAB RESULT RECEIVED AT:
05/28/2025 12:27 PM CDT UTC-5

MRO COPY BECAME AVAILABLE AT:
05/27/2025 10:40 AM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:
05/28/2025 12:38 PM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





CF20613152

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. 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. PAUL 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. FL 0165435931100 | | | | |
| 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: Med Stop - Hickory Hills 7831 W 95th St Ste J Hickory Hills, IL 60457-2388 | | Collection Site Code: YMS.0003 | Collector Contact Info: Phone (708)546-0551 Fax (708)295-9162 Other info@med-stop.com | |

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.

| | | | | |
|---|--|------------------------|---|---|
| X | | Signature of Collector | SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: | |
| | | | <input type="checkbox"/> UPS | <input type="checkbox"/> FedEx |
| | Dorota Moniuszko | 5/27/2025 | 10:34 CDT PM | <input checked="" type="checkbox"/> Other CRL Courier |
| | (PRINT) Collector's Name (First, MI, Last) | Date (Mo/Day/Yr) | Time of Collection | 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 | JAKE P O'BRIEN | 5/27/2025 |
| | | | (PRINT) Donor's Name (First, MI, Last) | Date (Mo/Day/Yr) |
| | Email address: selfmadejake@icloud.com | Daytime Phone No. 7728674007 | Evening Phone No. 7728674007 | Date of Birth 3/30/1993 |
| | | | | (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: | | |
| 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:

| | |
|---|---|
| <input type="checkbox"/> RECONFIRMED for: _____ | <input type="checkbox"/> TEST CANCELLED |
| <input type="checkbox"/> 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 (5/27/2025 11:10:59)

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

| Driver Information | Consent Information | Query History |
|---------------------------------------|--------------------------------------|--|
| Name: JAKE O'BRIEN | Requested: 5/27/2025 10:59:21 | Created: 5/27/2025 10:59:21 |
| Date of Birth: 3/30/1993 | Recorded: 5/27/2025 11:10:59 | Completed: 5/27/2025 11:10:59 |
| CDL/CLP ⓘ: US-FL-O165435931100 | Status: Provided | Query Result: Driver Not Prohibited |

Open Violations

No Open Violations