



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 03:22 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	CF20151627	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
05/23/2025 09:53 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:
HENRY, CLARENCE JR

DONOR ID:
LA011791571

NAME OF COMPANY / LOCATION:

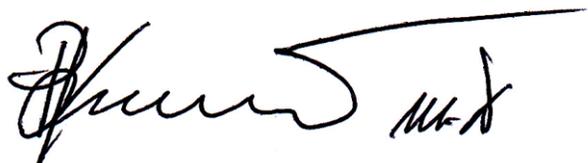
ZIGI FREIGHT INC
6850 W 63RD STREET
CHICAGO IL 60638

LOCATION / COLLECTION SITE:
TULANE DRUG ANALYSIS LAB
1340 POYDRAS ST STE 2040
NEW ORLEANS LA 70112-1296
PHONE: (504) 333-6163

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:
05/24/2025 03:29 PM CDT UTC-5

MRO COPY BECAME AVAILABLE AT:
05/23/2025 10:00 AM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:
05/24/2025 03:36 PM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





CF20151627

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.

Form section for Step 1 containing fields for Employer Name, Site Location, MRO Name, Donor SSN, Testing Authority, Reason for Test, Drug Tests, and Collection Site Address.

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

URINE ORAL FLUID

Form section for Step 2 containing fields for Collection type (Split, Single, None), URINE/Oral Fluid details, and 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.

Form section for Step 4 containing collector signature, date, time, and specimen release to (UPS, FedEx, Other).

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.

Form section for Step 5 containing donor signature, name, date, email, and phone number.

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

Form section for Step 6 containing verification fields (Negative, Positive, Dilute, Refusal to Test, Adulterated, Substituted, Other) and Remarks.

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable federal requirements, my verification for the split specimen (if tested) is:

Form section for Step 7 containing verification fields (Reconfirmed, Failed to Reconfirm) and Remarks.

OMB No. 0930-0158

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (5/22/2025 17:55:15)

Conducted By: Teodora Nikolic

Query Type: Pre-employment

Query Submitted: Manually

Driver Information

Name: clarence henry

Date of Birth: 9/23/1999

CDL/CLP ⓘ: US-LA-011791571

Consent Information

Requested: 5/22/2025 17:54:17

Recorded: 5/22/2025 17:55:15

Status: Provided

Query History

Created: 5/22/2025 17:54:17

Completed: 5/22/2025 17:55:15

Query Result: Driver Not Prohibited

Open Violations

No Open Violations