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**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:**

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**ZIGI FREIGHT INC**  
**6850 W 63RD STREET**  
**CHICAGO IL 60638**  
**PHONE: (630) 485-7370**  
**FAX: (630) 485-6980**

**ATTENTION TO:**

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**NIKOLA STAMENKOVIC**

**SUBJECT:**

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**URINE DRUG TESTING RESULTS**

**DOCUMENT CREATED AT:**

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**05/30/2025 04:21 PM CDT UTC-5**

**PAGES:**

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**2**

**THIS SECURE FAX NUMBER HAS BEEN PROVIDED TO MED-STOP MRO SERVICES BY EMPLOYERS  
REPRESENTATIVE IDENTIFIED AS SAFETY OFFICER**

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**PLEASE FORWARD TO THE SAFETY OFFICER**

**CONFIDENTIAL**

**RESULTS OF SAMSHA (NIDA) CONTROLLED TEST**

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
<b>PRE-EMPLOYMENT</b>	<b>QD28742235</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>05/27/2025 03:24 PM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EDT UTC-4</b>		<b>FAX: (847) 647-6608</b>
TEST RESULT:		<b>EMAIL: mro@med-stop.com</b>

**NEGATIVE**

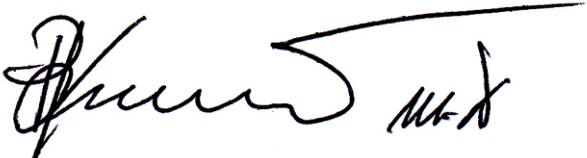
TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
<b>ORTIZ CORREDOR, CARLOS F</b>	<b>ZIGI FREIGHT INC</b>
DONOR ID:	<b>6850 W 63RD STREET</b>
<b>FLO218398356000</b>	<b>CHICAGO IL 60638</b>

LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:
<b>QUEST DIAGNOSTICS ORLANDO M</b>	<b>QUEST DIAGNOSTICS</b>
<b>1603 S HIAWASSEE RD</b>	<b>10101 RENNER BLVD</b>
<b>ORLANDO FL 32835</b>	<b>LENEXA KS 66219</b>
<b>PHONE: (407) 292-3717</b>	<b>PHONE: (800) 877-7484</b>

MEDICAL REVIEW OFFICER:	LAB RESULT RECEIVED AT:
<b>KWIECINSKI PAUL</b>	<b>05/30/2025 03:01 PM CDT UTC-5</b>
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:
	<b>05/27/2025 02:30 PM CDT UTC-5</b>
	DATE / TIME THE RESULT BECAME AVAILABLE:
	<b>05/30/2025 03:01 PM CDT UTC-5</b>

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



## FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **QD28742235**

800-877-7484

## STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<b>A. Employer Name, Address, I.D. No.</b> ZIGI FREIGHT INC 6850 W 63RD STREET CHICAGO, IL 60638 Phone: 630-485-7370 Fax: 630-485-6980		<b>Lab Acct #:</b> 10624350 <b>DER Name &amp; Phone #:</b> 6304857370 NIKOLA STAMENK <b>TESTING AUTHORITY:</b> FMCSA <b>ACCOUNT NUMBER:</b> 501512218129	<b>B. MRO Name, Address, Phone and Fax No.</b> PAUL KWIECINSKI MD 9950 LAWRENCE AVE STE 403 SCHILLER PARK, IL 60176 Phone: 847-647-0453 Fax: 847-647-6608
<b>C. Donor SSN, Employee I.D., or CDL State and No.</b> FLO218398356000			
<b>D. Specify Testing Authority:</b> <input type="checkbox"/> HHS <input type="checkbox"/> NRC <b>Specify DOT Agency:</b> <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			
<b>E. Reason for Test:</b> <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) _____			
<b>F. Drug Tests to be Performed:</b> <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (Specify) _____			
<b>G. Collection Site Address:</b> FUF - Quest Diagnostics Orlando Metro West - 22395 1603 S HIWASSEE RD STE 120 ORLANDO, FL 32835		<b>Collector Contact Info:</b> Phone 407-489-3885 Fax 407-295-2646 Other _____	<b>22395-FUF</b> Clinic ID

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

☒ URINE☐ ORAL FLUID

<b>Collection:</b> <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark _____
<b>URINE:</b> Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Enter Remark _____ Observed, Enter Remark _____
<b>ORAL FLUID:</b> 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 Volume Indicator(s) Observed _____
<b>REMARKS:</b> _____

## 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>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.</i>  <b>X</b> <u>Addie Martin</u> Signature of Collector <u>05 / 27 / 2025</u> (PRINT) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.) <u>3:23:18</u> Time of Collection <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:</b>  <u>QUEST</u> Name of Delivery Service
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## STEP 5: COMPLETED BY DONOR

<i>I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle 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 is correct.</i>  <b>X</b> <u>CARLOS F ORTIZCORREDOR</u> Signature of Donor (PRINT) Donor's Name (First, MI, Last) <u>05 / 27 / 2025</u> Date (Mo./Day/Yr.) Email _____ Day Phone (630) 485-7370 Evening Phone (424) 245-9658 Date of Birth 09 / 03 / 1969 Date (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.
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## STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

☒ URINE☐ ORAL FLUID

<i>In accordance with applicable Federal requirements, my verification is:</i> <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: _____ <b>REMARKS:</b> _____	
<b>X</b> _____ 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

<i>In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:</i> <input type="checkbox"/> RECONFIRMED for: _____ <input type="checkbox"/> TEST CANCELLED <input type="checkbox"/> FAILED TO RECONFIRM for: _____ <b>REMARKS:</b> _____	
<b>X</b> _____ Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last)	_____ Date (Mo./Day/Yr.)

## Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (5/27/2025 14:22:01)

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

Driver Information	Consent Information	Query History
<b>Name:</b> CARLOS ORTIZ CORREDOR	<b>Requested:</b> 5/27/2025 13:36:16	<b>Created:</b> 5/27/2025 13:36:16
<b>Date of Birth:</b> 9/3/1969	<b>Recorded:</b> 5/27/2025 14:22:01	<b>Completed:</b> 5/27/2025 14:22:01
<b>CDL/CLP ⓘ:</b> US-FL-O218398356000	<b>Status:</b> Provided	<b>Query Result:</b> Driver Not Prohibited

## Open Violations

No Open Violations