

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

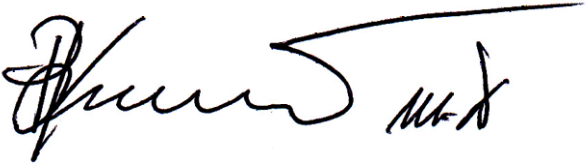
PURPOSE OF TEST: <b>PRE-EMPLOYMENT</b>	SPECIMEN ID: <b>CF20614500</b>	MED-STOP MRO SERVICES 9950 LAWRENCE AVE STE 403 SCHILLER PARK IL 60176 PHONE: (877) 633-3633 FAX: (847) 647-6608 mro@med-stop.com
COLLECTION DATE / TIME: <b>06/25/2025 01:03 PM</b> <b>CDT UTC-5</b>	TESTING AUTHORITY: <b>DOT FMCSA</b>	
TEST RESULT: <div><b>NEGATIVE</b></div>		

MRO REMARKS:	TEST LAB PANEL: W215
--------------	-------------------------

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: <b>JESURA, LUNEL</b>	NAME OF COMPANY / LOCATION: <b>ZIGI FREIGHT INC</b>
DONOR ID: <b>FLJ260520844510</b>	<b>6850 W 63RD STREET</b> <b>CHICAGO IL 60638</b>

LOCATION / COLLECTION SITE: <b>MED-STOP HICKORY HILLS</b> <b>7831 W 95TH ST</b> <b>HICKORY HILLS IL 60457</b> <b>PHONE: (708) 546-0551</b>	LABORATORY PERFORMING TEST: <b>CLINICAL REFERENCE LABORATORY</b> <b>8433 QUIVIRA</b> <b>LENEXA KS 66215</b> <b>PHONE: (800) 452-5677</b>
--	--

MEDICAL REVIEW OFFICER: <b>KWIECINSKI PAUL</b>	LAB RESULT RECEIVED AT: <b>06/26/2025 10:54 AM CDT UTC-5</b>
SIGNATURE: 	MRO COPY BECAME AVAILABLE AT: <b>06/25/2025 01:10 PM CDT UTC-5</b>
	DATE / TIME THE RESULT BECAME AVAILABLE: <b>06/26/2025 10:56 AM CDT UTC-5</b>

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE	
--	--

# PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:

**PRE-EMPLOYMENT**

SPECIMEN ID:

**CF20614500**

MED-STOP MRO SERVICES

9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME:

**06/25/2025 01:03 PM**

TESTING AUTHORITY:

**DOT FMCSA**

SCHILLER PARK IL 60176

PHONE: (877) 633-3633

FAX: (847) 647-6608

EMPLOYEE / APPLICANT:

mro@med-stop.com

**JESURA LUNEL**

DRUG CLASS

INITIAL SCREENING CUT-OFF LIMIT

CONFIRMATION CUT-OFF LIMIT

6-AM (10/10)	10 ng/mL	10 ng/mL
AMP/MAMP (500/250)	500 ng/mL	250 ng/mL
COCAINE METABOLITE (150/100)	150 ng/mL	100 ng/mL
MARIJUANA METABOLITES (50/15)	50 ng/mL	15 ng/mL
COD/MOR (2000/2000)	2000 ng/mL	2000 ng/mL
OXYC/OXYM (100/100)	100 ng/mL	100 ng/mL
PHENCYCLIDINE (25/25)	25 ng/mL	25 ng/mL
MDMA/MDA (500/250)	500 ng/mL	250 ng/mL
HYC/HYM (300/100)	300 ng/mL	100 ng/mL

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAUL**

DATE / TIME THE RESULT BECAME AVAILABLE:

**06/26/2025 10:56 AM CDT UTC-5**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





CF20614500

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. <b>FL J260520844510</b>				
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) _____ <b>W215</b>				
G. Collection Site Address: <b>Med Stop - Hickory Hills</b> <b>7831 W 95th St Ste J</b> <b>Hickory Hills, IL 60457-2388</b>		Collection Site Code: <b>YMS.0003</b>	Collector Contact Info: Phone <b>(708)546-0551</b> Fax <b>(708)295-9162</b> Other <b>info@med-stop.com</b>	

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 Dorota Moniuszko (PRINT) Collector's Name (First, MI, Last)	6/25/2025 Date (Mo/Day/Yr)	1:03 CDT PM <input checked="" type="checkbox"/> AM Time of Collection	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:	
			<input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input checked="" type="checkbox"/> Other CRL Courier 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 Email address: <u>geoneljeanty8191@gmail.com</u>	LUNEL JESURA (PRINT) Donor's Name (First, MI, Last)	6/25/2025 Date (Mo/Day/Yr)	12/11/1984 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.

**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"/> ADULTERATED (adulterant/reason): _____ <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> OTHER: _____		<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)

**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

**State Driver Licensing Agencies and MCSAP State Partners:** Your login process has changed. To access the Clearinghouse, click the Log In button and enter your Login.gov email address and password. This is the same email address and password you use to log in to the FMCSA Portal, NOT the Portal user ID and password you previously used to access the Clearinghouse.

**FMCSA personnel:** Click U.S. DOT Enforcement Users link (under the Log In button) to log in using your PIV via MyAccess.

The login process for drivers, employers, MROs, and SAPs has not changed, these users will continue to log in using their Login.gov accounts.

Also, on Wednesday, **June 25, 2025**, from 6:00 pm to 10:00 pm Eastern Time, the Commercial Driver’s License Information System (CDLIS) Gateway will be intermittently unavailable due to scheduled system maintenance. Clearinghouse users may experience issues verifying driver information during this maintenance time.

DRUG & ALCOHOL  
CLEARINGHOUSE

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (6/25/2025 11:09:14)

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

Driver Information

Name: LUNEL JESURA  
Date of Birth: 12/11/1984  
CDL/CLP ⓘ : US-FL-J260520844510

Consent Information

Requested: 6/25/2025 11:05:54  
Recorded: 6/25/2025 11:09:14  
Status: Provided

Query History

Created: 6/25/2025 11:05:54  
Completed: 6/25/2025 11:09:14  
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

 [The Return-to-Duty Process](#)

U.S. DEPARTMENT OF TRANSPORTATION  
Federal Motor Carrier Safety Administration  
1200 NEW JERSEY AVENUE, SE  
WASHINGTON, DC 20590  
202-366-4000