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

PURPOSE OF TEST: SPECIMEN ID: MED-STOP MRO SERVICES

PRE-EMPLOYMENT CF20613824 9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME: TESTING AUTHORITY: SCHILLER PARK IL 60176

07/01/2025 01:27 PM DOT FMCSA PHONE: (877) 633-3633 FAX: (847) 647-6608

CDT UTC-5 FAX: (847) 647-6608

TEST RESULT: mro@med-stop.com

**NEGATIVE** 

**TEST LAB PANEL:** 

MRO REMARKS: W215

### THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: NAME OF COMPANY / LOCATION:

MELENDEZ MOLINA, MICHAEL ZIGI FREIGHT INC

**JOEL** 

DONOR ID: 6850 W 63RD STREET

TX38275300 CHICAGO IL 60638

LOCATION / COLLECTION SITE: LABORATORY PERFORMING TEST:

MED-STOP HICKORY HILLS CLINICAL REFERENCE LABORATORY

7831 W 95TH ST 8433 QUIVIRA

HICKORY HILLS IL 60457 LENEXA KS 66215

PHONE: (708) 546-0551 PHONE: (800) 452-5677

MEDICAL REVIEW OFFICER:

LAB RESULT RECEIVED AT:

KWIECINSKI PAUL 07/02/2025 12:16 PM CDT UTC-5

SIGNATURE: MRO COPY BECAME AVAILABLE AT:

07/01/2025 01:40 PM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:

07/02/2025 12:17 PM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

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# PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST: SPECIMEN ID: MED-STOP MRO SERVICES

PRE-EMPLOYMENT CF20613824 9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME: TESTING AUTHORITY: SCHILLER PARK IL 60176

07/01/2025 01:27 PM DOT FMCSA PHONE: (877) 633-3633 FAX: (847) 647-6608

EMPLOYEE / APPLICANT: mro@med-stop.com

**MELENDEZ MOLINA MICHAEL JOEL** 

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:

DATE / TIME THE RESULT BECAME AVAILABLE:

WIECINSKI PAUL

07/02/2025 12:17 PM CDT UTC-5

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

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Signature of Medical Review Officer



SPECIMEN ID NO. CLIENT NO. YMS.DOT1.D2	2828543		
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	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		
<u> </u>			
D. Specify Testing Authority: HHS NRC Specify DOT Agency: X FMCSA E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Po F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only  W215	st Accident Return to Duty Follow-up Other (specify)		
G. Collection Site Address: Med Stop - Hickory Hills Collection Site Code	(700)510 0502		
7831 W 95th St Ste J YMS.000	Fax (708)295-9162		
Hickory Hills, IL 60457-2388	Other info@med-stop.com		
STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).	X URINE ORAL FLUID		
COLLECTION: Split Single None Provided, Enter Remark.			
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100	)°F? X Yes No, Enter Remark Observed, Enter Remark		
ORAL FLUID: Split Type: Serial Concurrent Subdivided Each Device Within E	xpiration 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.  SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:  UPS  FedEx			
Signature of Collector AM	X Other CRL Courier		
Malgorzata m Bodyziak 7/1/2025 1:28 CDT PM X (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	e 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.			
	L J MELENDEZ MOLINA 7/1/2025  Donor's Name (First, MI, Last) Date (Mo/Day/Yr)		
Email address: N/A Daytime Phone No. 571459889	6 Evening Phone No. 5714598896 Date of Birth 4/2/1988 (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	X URINE ORAL FLUID		
In accordance with applicable federal requirements, my verification is:  NEGATIVE POSITIVE for:			
☐ DILUTE ☐ REFUSAL TO TEST because - check reason(s) below: ☐ ADULTERATED (adulterant/reason):	☐ TEST CANCELLED		
SUBSTITUTED  OTHER:			
REMARKS:			
<u> </u>			
	v 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:	<del>_</del>		
FAILED TO RECONFIRM for:			
REMARKS:			

(PRINT) Medical Review Officer's Name (First, MI, Last)

# CLEARINGHOUSE Query Detail



# **Query Overview**

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

**Query Result: Driver Not Prohibited** 

**Query Status:** Completed (7/1/2025 13:41:37)

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

## **Driver Information**

Name: MICHAEL MELENDEZ MOLINA

**Date of Birth:** 4/2/1988 **CDL/CLP i:** US-TX-38275300

**Consent Information** 

**Requested:** 7/1/2025 13:21:43 **Recorded:** 7/1/2025 13:41:37

Status: Provided

Query History

Created: 7/1/2025 13:21:43
Completed: 7/1/2025 13:41:37
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

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