

## RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:

**PRE-EMPLOYMENT**

COLLECTION DATE / TIME:

**07/02/2025 12:47 PM**

**CDT UTC-5**

TEST RESULT:

SPECIMEN ID:

**CF20614598**

TESTING AUTHORITY:

**DOT FMCSA**

**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**

**NEGATIVE**

TEST LAB PANEL:

MRO REMARKS:

**W215**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

**LEONARD, JEAN**

DONOR ID:

**FLJ237 788 76 600 0**

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**

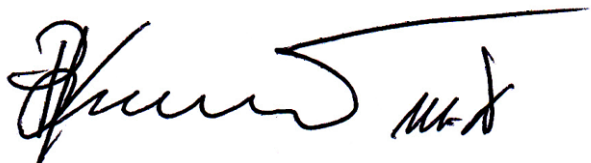
**LENEXA KS 66215**

**PHONE: (800) 452-5677**

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAUL**

SIGNATURE:



LAB RESULT RECEIVED AT:

**07/03/2025 12:16 PM CDT UTC-5**

MRO COPY BECAME AVAILABLE AT:

**07/02/2025 12:50 PM CDT UTC-5**

DATE / TIME THE RESULT BECAME AVAILABLE:

**07/03/2025 12:27 PM CDT UTC-5**

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:

**CF20614598**

MED-STOP MRO SERVICES

9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME:

**07/02/2025 12:47 PM**

TESTING AUTHORITY:

**DOT FMCSA**

SCHILLER PARK IL 60176

PHONE: (877) 633-3633

FAX: (847) 647-6608

EMPLOYEE / APPLICANT:

mro@med-stop.com

**LEONARD JEAN**

## 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:

**07/03/2025 12:27 PM CDT UTC-5**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





CF20614598

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 J237 788 76 600 0</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.

<b>X</b> Signature of Collector Dorota Moniuszko (PRINT) Collector's Name (First, MI, Last)	7/2/2025 Date (Mo/Day/Yr)	12:47 CDT PM <b>X</b> 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.

<b>X</b> Signature of Donor	JEAN LEONARD (PRINT) Donor's Name (First, MI, Last)	7/2/2025 Date (Mo/Day/Yr)
	Email address: N/A	Daytime Phone No. 9739148066 Evening Phone No. 9739148066 Date of Birth 2/3/1978 (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:		
<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**

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:	
<b>X</b> _____ 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 Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (7/2/2025 12:49:44)

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

#### Driver Information

Name: LEONARD JEAN

Date of Birth: 2/3/1978

CDL/CLP ⓘ : US-FL-J237788766000

#### Consent Information

Requested: 7/2/2025 12:47:47

Recorded: 7/2/2025 12:49:44

Status: Provided

#### Query History

Created: 7/2/2025 12:47:47

Completed: 7/2/2025 12:49:44

Query Result: Driver Not Prohibited

### Open Violations

No Open Violations

### LEARN MORE

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

U.S. DEPARTMENT OF TRANSPORTATION

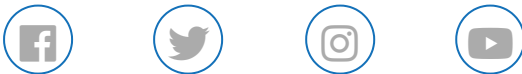
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