

## 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:**

**HAMPTON, CAMERON MORTEZ**

**DONOR ID:**

**AK7889252**

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:

07/10/2025 10:50 AM CDT UTC-5

**MRO COPY BECAME AVAILABLE AT:**

07/09/2025 04:10 PM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:

07/10/2025 10:59 AM 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:

**CF20614135****MED-STOP MRO SERVICES****9950 LAWRENCE AVE STE 403**

COLLECTION DATE / TIME:

**07/09/2025 04:05 PM**

TESTING AUTHORITY:

**DOT FMCSA****SCHILLER PARK IL 60176****PHONE: (877) 633-3633****CDT UTC-5****FAX: (847) 647-6608**

EMPLOYEE / APPLICANT:

**mro@med-stop.com****HAMPTON CAMERON MORTEZ**

## DRUG CLASS

## INITIAL SCREENING CUT-OFF LIMIT

## CONFIRMATION CUT-OFF LIMIT

<b>6-AM (10/10)</b>	<b>10 ng/mL</b>	<b>10 ng/mL</b>
<b>AMP/MAMP (500/250)</b>	<b>500 ng/mL</b>	<b>250 ng/mL</b>
<b>COCAINE METABOLITE (150/100)</b>	<b>150 ng/mL</b>	<b>100 ng/mL</b>
<b>COD/MOR (2000/2000)</b>	<b>2000 ng/mL</b>	<b>2000 ng/mL</b>
<b>OXYC/OXYM (100/100)</b>	<b>100 ng/mL</b>	<b>100 ng/mL</b>
<b>PHENCYCLIDINE (25/25)</b>	<b>25 ng/mL</b>	<b>25 ng/mL</b>
<b>MDMA/MDA (500/250)</b>	<b>500 ng/mL</b>	<b>250 ng/mL</b>
<b>HYC/HYM (300/100)</b>	<b>300 ng/mL</b>	<b>100 ng/mL</b>
<b>DELTA9THCC (50/15)</b>	<b>50 ng/mL</b>	<b>15 ng/mL</b>

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAUL**

DATE / TIME THE RESULT BECAME AVAILABLE:

**07/10/2025 10:59 AM CDT UTC-5**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





CF20614135

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>ALAK 7889252</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).

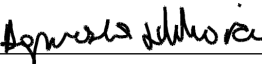
☒ URINE☐ ORAL FLUID

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.

X  Signature of Collector		SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input checked="" type="checkbox"/> Other CRL Courier	
Agnieszka a Horodowicz (PRINT) Collector's Name (First, MI, Last)	7/9/2025 Date (Mo/Day/Yr)	4:05 CDT PM X 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 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.

X  Signature of Donor	CAMERON M HAMPTON (PRINT) Donor's Name (First, MI, Last)	7/9/2025 Date (Mo/Day/Yr)
Email address: cmhampton91@gmail.com	Daytime Phone No. 2566178021	Evening Phone No. 2566178021
		5/14/1991 Date of Birth (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: _____	
REMARKS: _____	
X _____ 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"/> TEST CANCELLED
<input type="checkbox"/> FAILED TO RECONFIRM for: _____		
REMARKS: _____		
X _____ 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 (7/10/2025 10:51:56)

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

Driver Information

Name: CAMERON HAMPTON

Date of Birth: 5/14/1991

CDL/CLP ⓘ: US-AL-7889252

Consent Information

Requested: 7/9/2025 15:58:52

Recorded: 7/10/2025 10:51:56

Status: Provided

Query History

Created: 7/9/2025 15:58:52

Completed: 7/10/2025 10:51:56

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

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WASHINGTON, DC 20590

202-366-4000

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