

MED-STOP MRO SERVICES 7042 N MILWAUKEE AVE NILES IL 60714 PHONE: (877) 633-3633 FAX: (847) 647-6608 mro@med-stop.com

MRO RESULT

TO:

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

ATTENTION TO:

NIKOLA STAMENKOVIC

SUBJECT:

URINE DRUG TESTING RESULTS

DOCUMENT CREATED AT:

2/23/2023 4:19 PM

PAGES:

2

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

PLEASE FORWARD TO THE SAFETY OFFICER

CONFIDENTIAL

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:SPECIMEN ID:PRE-EMPLOYMENTCF11897926COLLECTION DATE / TIME:TESTING AUTHORITY:1/27/2023 3:35 PMDOT FMCSA

TEST RESULT:

NEGATIVE

MED-STOP MRO SERVICES 7042 N MILWAUKEE AVE NILES IL 60714 PHONE: (877) 633-3633 FAX: (847) 647-6608 mro@med-stop.com

TEST LAB PANEL: W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS				
EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:			
MONTES-LOPEZ, ALIRIO ALEX	ZIGI FREIGHT INC			
DONOR ID:	6850 W 63RD STREET			
IL M53200188359	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 PAWEL K	1/28/2023 9:54 AM			
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:			
Alun Suit	1/27/2023 4:05 PM			
	DATE / TIME THE RESULT BECAME AVAILABLE:			
y men	1/28/2023 10:58 AM			

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

	CUSTODY AND CONTROL FORM	IENT NO. YMS.DOT1.	D2828543	8433 Quivira Road Lenexa, KS 66215
	COLLECTOR OR EMPLOYER RE			SSION NO.
A. Employer Name, Addres NIKOLA STAMENKOVIC ZIGI FREIGHT INC 6850 W 63RD ST CHICAGO, IL 60638 Phone#: (630)485-7370 C. Donor SSN, Employee I	s, I.D. No.) / Fax#: (630)485-6980 .D. No., or CDL State and No.	Site Locati	on B. MRO Na PAWEL I MED-STI 7042 N NILES, I Phone#:	me, Address, Phone No. and Fax No. KWIECINSKI, MD (MRO4478) OP INC MILWAUKEE AVE
D. Specify Testing AuthoritE. Reason for Test: PreF. Drug Tests to be Perform	-employment Random Reaso		Post Accident Return to	FTA PHMSA USCG Duty Follow-up Other (specify)
G. Collection Site Address:	Med Stop - Hickory Hills	Collection Site Co	ode: Collector Contact	Info: Phone (708)546-0551
	7831 W 95th St Ste J	— YMS.00	03	Fax (708)295-9162
	Hickory Hills, IL 60457-2388			Other info@med-stop.com
STEP 2: COMPLETED BY	COLLECTOR (make remarks w	hen appropriate).		ORAL FLUID
COLLECTION: X Split	Single None Provide	ed, Enter Remark.		
	ne temperature within 4 minutes. 7		100°F? X Yes	No, Enter Remark Observed, Enter Remark
ORAL FLUID: Split Type:		bdivided Each Device Within		No Volume Indicator(s) Observed
REMARKS:				
	eal(s) to bottle(s)/tube(s). Collecto	or dates seal(s). Donor initia	als seal(s). Donor complete	s STEP 5 on Copy 2 (MRO Copy)
I certify that the specimen given to me by	ODY - INITIATED BY COLLECT the donor identified in the certification section on Copy o patient in an ending with applicable forderst requirement	2 of this form was collected, labeled,	., .	
I certify that the specimen given to me by		2 of this form was collected, labeled, ents.	TEST FACILITY	TUBE(S) RELEASED TO:
I certify that the specimen given to me by sealed, and released to the Delivery Service	the donor identified in the certification section on Copy	2 of this form was collected, labeled, ents.	TEST FACILITY	
I certify that the specimen given to me by sealed, and released to the Delivery Service X	the donor identified in the certification section on Copy e noted in agendance with applicable federal requirement Signature of Collector	2 of this form was collected, labeled, ents.	TEST FACILITY	TUBE(S) RELEASED TO:
I certify that the specimen given to me by sealed, and released to the Delivery Service X Dorota Monius	the donor identified in the certification section on Copy e noted in accordance with applicable federal requirement Signature of Collector Zko 1/27/2023	2 of this form was collected, labeled, ents. 3:35 CST PM X	TEST FACILITY	TUBE(S) RELEASED TO:
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I certify that the specimen given to me by sealed, and released to the Delivery Service Dorota Monius (PRINT) Collector's Name (F STEP 5: COMPLETED BY I certify that I provided my urine speci- provided on this form and on the label X Composition of the speciment Fremail address: N/A After the Medical Review Officer r the back of your copy (Copy 5) STEP 6: COMPLETED BY In accordance with applicable fee DILUTE REFUSAL TO TEST be DILUTE SUBSTITU DILUTE SUBSTITU DINE	the donor identified in the certification section on Copy e noted in accordance with applicable federal requiremed Signature of Collector Zko	2 of this form was collected, labeled, ents. AM 	TEST FACILITY SPECIMEN BOTTLE(S)/ UPS UPS Ube used was sealed with a tamper-et A MONTES-LOPEZ Tor's Name (First, MI, Last) S80 Evening Phone No. 31 Ontact you to ask about prescription CCESSARY. If you choose to make OF THE FORM. TAKE COPY 5 WIT CCESSARY URINE	TUBE(S) RELEASED TO: □ FedEx ☑ Other <u>CRL Courier</u> Name of Delivery Service ident seal in my presence; and that the information
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Signature of Medical Review Officer

X

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

/ / Date (Mo/Day/Yr)

COPY 2 - MEDICAL REVIEW OFFICER COPY