



MED-STOP MRO SERVICES
9950 LAWRENCE AVE STE 403
SCHILLER PARK IL 60176
PHONE: (877) 633-3633
FAX: (847) 647-6608
EMAIL: 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:

02/13/2024 06:01 PM CST UTC-6

PAGES:

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**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:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	CF15809996	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
02/02/2024 09:08 AM	DOT FMCSA	PHONE: (877) 633-3633
CST UTC-6		FAX: (847) 647-6608
TEST RESULT:		EMAIL: mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:
RADIOJEVIC, NEMANJA

DONOR ID:
ILR31262097104

NAME OF COMPANY / LOCATION:

ZIGI FREIGHT INC

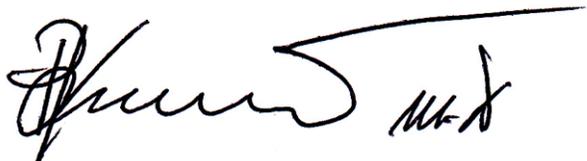
6850 W 63RD STREET
CHICAGO IL 60638

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 PAWEL K

SIGNATURE:



LAB RESULT RECEIVED AT:
02/03/2024 09:11 AM CST UTC-6

MRO COPY BECAME AVAILABLE AT:
02/02/2024 09:10 AM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:
02/03/2024 11:04 AM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





CF15809996

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: IL R31262097104
B. MRO Name, Address, Phone No. and Fax No. PAWEL KWIECINSKI, MD (MRO4478), MED-STOP INC, 9950 LAWRENCE AVE, SUITE 403, SCHILLER PARK, IL 60176, Phone#: (877)633-3633 / Fax#: (847)647-6608
C. Donor SSN, Employee I.D. No., or CDL State and No.
D. Specify Testing Authority: HHS, NRC, Specify DOT Agency: FMCSA, FAA, FRA, FTA, PHMSA, USCG
E. Reason for Test: Pre-employment, Random, Reasonable Suspicion/Cause, Post Accident, Return to Duty, Follow-up, Other (specify)
F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP, THC & COC Only, Other (specify)
G. Collection Site Address: Med Stop - Hickory Hills, 7831 W 95th St Ste J, Hickory Hills, IL 60457-2388, Collection Site Code: YMS.0003, Collector Contact Info: Phone (708)546-0551, Fax (708)295-9162, Other info@med-stop.com

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

URINE ORAL FLUID

COLLECTION: Split, Single, None Provided, Enter Remark.
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? Yes, No, Enter Remark, Observed, Enter Remark
ORAL FLUID: Split Type: Serial, Concurrent, Subdivided, Each Device Within Expiration 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.
Signature of Collector: Anna Bodyziak, 2/2/2024, 9:09 CST AM
SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: UPS, FedEx, Other CRL Courier

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.
Signature of Donor: N. Radivojevic, NEMANJA RADIVOJEVIC, 2/2/2024, 4/11/1997
Email address: N/A, Daytime Phone No. 7089292716, Evening Phone No. 7089292716, Date of Birth

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:
NEGATIVE, POSITIVE for, DILUTE, REFUSAL TO TEST because - check reason(s) below: ADULTERATED (adulterant/reason), SUBSTITUTED, OTHER, TEST CANCELLED
REMARKS:
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:
RECONFIRMED for, FAILED TO RECONFIRM for, TEST CANCELLED
REMARKS:
Signature of Medical Review Officer, (PRINT) Medical Review Officer's Name (First, MI, Last), Date (Mo/Day/Yr)

OMB No. 0930-0158