

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: 02/22/2024 09:29 AM CST UTC-6

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-EMPLOYMENT	CF15810066
COLLECTION DATE / TIME: 02/12/2024 02:26 PM	TESTING AUTHORITY: DOT FMCSA
CST UTC-6	
TEST RESULT:	
NEGATIVE	

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

TEST LAB PANEL: W215

THIS TEST WAS PERFORME	D ACCORDING TO 49CFR.40 REGULATIONS
EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
OMAR, SAMATAR HASSAN	ZIGI FREIGHT INC
DONOR ID:	6850 W 63RD STREET
MNM773151995517	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	02/13/2024 10:34 AM CST UTC-6
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:
$\overline{\Omega}$	02/12/2024 02:30 PM CST UTC-6
Alucia Int	DATE / TIME THE RESULT BECAME AVAILABLE:
y min	02/13/2024 10:44 AM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

		CONTROL FOR	RM			843	3 Quivira Ro	ad	
						Ler	exa, KS 662	¹⁵ (CR	\mathbb{L}
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STEP 1: COMPLETED BY		OR EMPLOYE			.02020343	ACCESSIO	NO.		
A. Employer Name, Addre NIKOLA STAMENKOVI ZIGI FREIGHT INC 6850 W 63RD ST CHICAGO, IL 60638 Phone#: (630)485-737	ess, I.D. No. C			Site Loca		. MRO Name, A PAWEL KWIE MED-STOP IN 9950 LAWREI SUITE 403 SCHILLER PA	Address, Phor CINSKI, MD IC NCE AVE RK, IL 60176		UMB NO. 0930-0158
C. Donor SSN, Employee	ID No or CDI	State and No		1//31519	92217	Phone#: (872	/)633-3633 /	Fax#: (847)647-6608	BCT
 D. Specify Testing Author E. Reason for Test: X Pr F. Drug Tests to be Performed 	ity: HHS e-employment rmed: XTH	NRC S	Specify DOT A Reasonable Si	Agency: X FMC uspicion/Cause THC & COC	Post Accident	FRA FTA Return to Dut ther (specify)			
G. Collection Site Address	: Med Stop -	Hickory Hills	5	Collection Site (Code: Collector	r Contact Info:	Phone (70	8)546-0551	
	7831 W 95	th St Ste J		YMS.00	03		-	8)295-9162	
	Hickory Hil	ls, IL 60457-	2388				Other info	@med-stop.com	
STEP 2: COMPLETED BY	COLLECTOR	(make remar	ks when ap	propriate).		INE	ORAL	FLUID	
COLLECTION: X Spl	it Single	None P	Provided, Enter I	Remark.					
URINE: Collector reads ur	ine temperature	within 4 minu	ites. Temperati	ure between 90° and	100°F?	Yes No, Er	nter Remark	Observed, Enter Rer	nark
ORAL FLUID: Split Type:	Serial	Concurrent	Subdivided	Each Device With	nin Expiration Date?		No D	Volume Indicator(s) Obs	erved
REMARKS:									
I certify that the specimen given to me b sealed, and released to the Delivery Serv X	ice noted in accordance w	he certification section vith applicable federal n	on Copy 2 of this forn equirements.	n was collected, labeled,	SPECIMEN BOT	TLE(S)/TUB	E(S) RELEAS	SED TO:	
Signature of Collector AM					Other CRL Courier				
Agnieszka Horo	5		74 .				X Other	CRL Courier	
Agnieszka Horo (PRINT) Collector's Name (dowicz	re of Collector 2/12/20 Date (Mo/Da		AM 2:26 CST PM X		Name	Other of Delivery Service		
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