

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

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:

8/14/2023 10:58 AM

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

SPECIMEN ID:

PURPOSE OF TEST: PRE-EMPLOYMENT CF14002328 COLLECTION DATE / TIME: **TESTING AUTHORITY:** 7/6/2023 3:49 PM **DOT FMCSA**

TEST RESULT:

NEGATIVE

MED-STOP MRO SERVICES 9950 LAWRENCE AVE STE 403 **SCHILLER PARK IL 60176** PHONE: (877) 633-3633 (847) 647-6608 FAX: mro@med-stop.com

> **TEST LAB PANEL:** W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS	
EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
PADRON VAZQUEZ, REINALDO	ZIGI FREIGHT INC
DONOR ID:	6850 W 63RD STREET
FLP365720961110	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	7/7/2023 11:13 AM
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:
\mathfrak{A}	7/6/2023 5:08 PM
Alun III	DATE / TIME THE RESULT BECAME AVAILABLE:
Mr-N	7/7/2023 11:19 AM

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM	8433 Quivira Road
	Lenexa, KS 66215
C F 1 4 0 0 2 3 2 8 SPECIMEN ID NO. CLIENT NO. YMS.DOT1	I D2828543
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE	ACCESSION NO.
A. Employer Name, Address, I.D. No. Site Loca NIKOLA STAMENKOVIC ZIGI FREIGHT INC 6850 W 63RD ST CHICAGO, IL 60638 Phone#: (630)485-7370 / Fax#: (630)485-6980 FL P36572096	ation 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
C. Donor SSN, Employee I.D. No., or CDL State and No.	Phone#: (877)633-3633 / Fax#: (847)647-6608
D. Specify Testing Authority: HHS NRC Specify DOT Agency: K FMC E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC W215	Post Accident Return to Duty Follow-up Other (specify)
G. Collection Site Address: Med Stop - Hickory Hills Collection Site G	Code: Collector Contact Info: Phone (708)546-0551
7831 W 95th St Ste J YMS.00	Fax (708)295-9162
Hickory Hills, IL 60457-2388	Other info@med-stop.com
STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).	X URINE ORAL FLUID
COLLECTION: X Split Single None Provided, Enter Remark.	
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and	d 100°F? X Yes No, Enter Remark Observed, Enter Remark
ORAL FLUID: Split Type: Serial Concurrent Subdivided Each Device With	hin Expiration Date? Yes No Volume Indicator(s) Observed
REMARKS:	
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B	Y TEST FACILITY
I certify that the specimen strengt one by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Deferry Trivit neted in accordance with applicable federal requirements.	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:
X Signature of Collector AM	UPS FedEx
X Malgorzata Bodyziak 7/6/2023 3:49 CDT PM X	UPS Defection FedEx
X Signature of Collector AM Malgorzata Bodyziak 7/6/2023 3:49 CDT PM X	UPS FedEx Image: CRL Courier
X Signature of Collector AM Malgorzata Bodyziak 7/6/2023 3:49 CDT PM X (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection	UPS FedEx Other CRL Courier Name of Delivery Service
X Signature of Collector AM Malgorzata Bodyziak 7/6/2023 3:49 CDT PM X (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection STEP 5: COMPLETED BY DONOR I certify that I provided graphing specimen to the collector; that I have not adulterated it in any manner; each specimen bottle provided on this for using on the label affixed to each specimen bottle/tube is correct.	UPS FedEx Other CRL Courier Name of Delivery Service
X Signature of Collector AM Malgorzata Bodyziak 7/6/2023 3:49 CDT PM X (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection STEP 5: COMPLETED BY DONOR I certify that I provided preame specimen to the collector; that I have not adulterated it in any manner; each specimen bottle provided on the label affixed to each specimen bottle/tube is correct. X REINALDO (PRINT) D (PRINT) D	UPS FedEx Image: CRL Courier Image: CRL Courier Name of Delivery Service Name of Delivery Service Image: Refutube used was sealed with a tamper-evident seal in my presence; and that the information Name of Delivery Service O PADRON VAZQUEZ 7/6/2023 Donor's Name (First, MI, Last) Date (Mo/Day/Yr)
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Signature of Collector AM Malgorzata Bodyziak 7/6/2023 3:49 CDT PM X (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection STEP 5: COMPLETED BY DONOR I certify that I provided to the specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube is correct. X REINALDO Signature of Donor Image: Signature of Donor Email address: N/A After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT	UPS FedEx CRL Courier Name of Delivery Service Re/tube used was sealed with a tamper-evident seal in my presence; and that the information O PADRON VAZQUEZ Donor's Name (First, MI, Last) Date (Mo/Day/Yr) SO90 Evening Phone No. 8638525090 Date of Birth (Mo/Day/Yr) Contact you to ask about prescriptions and over-the-counter medications you may have NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on
X Signature of Collector AM Malgorzata Bodyziak 7/6/2023 3:49 CDT PM X (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection STEP 5: COMPLETED BY DONOR I certify that I provided to the specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube is correct. X REINALDO Signature of Donor Image: Signature of Donor Email address: N/A After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT I the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COP	UPS FedEx FedEx FedEx Other CRL Courier Name of Delivery Service
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X Signature of Collector AM Malgorzata Bodyziak 7/6/2023 3:49 CDT PM X (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection SIGNALIZE SE COMPLETED BY DONOR I certify that I provided to the especimen to the collector; that I have not adulterated it in any manner; each specimen bottle provided on this label affied to each specimen bottle/tube is correct. X REINALDU Signature of Donor Immedical Review Officer receives the test results for the specimen identified by this form, he/she may taken. Therefore, you may want to make a list of those medications for your own records. THEI LIST IS NOT After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may taken. Therefore, you may want to make a list of those medications for your own records. THEI LIST IS NOT STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable federal requirements, my verification is: DILUTE DILUTE ADULTERATED (adulterant/reason):	

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

COPY 2 - MEDICAL REVIEW OFFICER COPY