

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)
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       Icertify that I provided purple specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube is correct.         X       REINALDO         isignature of Donor       (PRINT) D	UPS FedEx
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         STEP 5: COMPLETED BY DONOR         I certify that I provided particle 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         Signature of Donor       Image Phone No.         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 the back of your copy (Copy 5) DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COP         STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN         In accordance with applicable federal requirements, my verification is:         DILUTE       POSITIVE for:         DILUTE       POSITIVE for:         DILUTE       POSITIVE for:         ADULTERATED (adulterant/reason):       Delow:	PredEx     Arr 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