



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:

03/13/2024 10:27 AM CDT UTC-5

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	QD27299388	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
03/04/2024 10:56 AM	DOT FMCSA	PHONE: (877) 633-3633
EDT UTC-4		FAX: (847) 647-6608
TEST RESULT:		EMAIL: mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:
**HERNANDEZ GARCIA, RENE
RANGEL**

NAME OF COMPANY / LOCATION:
ZIGI FREIGHT INC

DONOR ID:
FLH655736673420

**6850 W 63RD STREET
CHICAGO IL 60638**

LOCATION / COLLECTION SITE:
**QUEST DIAGNOSTICS TAMPA UNIV
13562 UNIVERSITY PLAZA #301
TAMPA FL 33613
PHONE: (813) 558-9795**

LABORATORY PERFORMING TEST:
**QUEST DIAGNOSTICS
10101 RENNER BLVD
LENEXA KS 66219
PHONE: (866) 697-8378**

MEDICAL REVIEW OFFICER:
KWIECINSKI PAWEL K

LAB RESULT RECEIVED AT:
03/06/2024 09:00 AM CDT UTC-5

SIGNATURE:

MRO COPY BECAME AVAILABLE AT:
03/06/2024 09:05 AM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:
03/06/2024 09:06 AM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **QD27299388**

OMB No. 0930-0158

STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**A. Employer Name, Address, I.D. No.**

Lab Acct #: 10624350

ZIGI FREIGHT INC
6850 W 63RD STREET
CHICAGO, IL 60638
Phone: 630-485-7370 Fax: 630-485-6980DER Name & Phone #: 6304857370 NIKOLA STAMENK
TESTING AUTHORITY FMCSA
ACCOUNT NUMBER: 501512218129**B. MRO Name, Address, Phone and Fax No.**PAWEL KWIECINSKI MD
9950 LAWRENCE AVE STE 403
SCHILLER PARK, IL 60176
Phone: 847-647-0453
Fax: 847-647-6608**C. Donor SSN, Employee I.D., or CDL State and No.** FLH655736673420**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:**UVR - Quest Diagnostics University Plz - 46627
13562 University Plaza #301
Tampa, FL 33613**46627-UVR**

Clinic ID

Collector Contact Info: Phone 813-558-9715**Fax** 813-558-9815**Other** _____**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.***X**

Stephanie Blanc

(PRINT) Collector's Name (First, MI, Last)

Signature of Collector

03 / 04 / 2024

Date (Mo./Day/Yr.)

10:56:50

Time of Collection

☒ AM
☐ PM**SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:****QUEST**

Name of Delivery Service

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 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 is correct.***X**

Signature of Donor

RENERANGEL HERNANDEZGARCIA

(PRINT) Donor's Name (First, MI, Last)

03 / 04 / 2024

Date (Mo./Day/Yr.)

Email _____ Day Phone (813) 369-2692 Evening Phone () Not Provided Date of Birth 09 / 22 / 1967

Date (Mo./Day/Yr.)

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:☐ TEST CANCELLED☐ ADULTERATED (adulterant/reason): _____☐ SUBSTITUTED☐ OTHER: _____**REMARKS:** _____**X**

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: _____☐ TEST CANCELLED☐ FAILED TO RECONFIRM for: _____**REMARKS:** _____**X**

Signature of Medical Review Officer

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

Date (Mo./Day/Yr.)