

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: 6/30/2023 12:35 PM

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**

SPECIMEN ID:

CF13284953

**DOT FMCSA** 

**TESTING AUTHORITY:** 

PURPOSE OF TEST: RANDOM

COLLECTION DATE / TIME: 4/26/2023 2:22 PM

TEST RESULT:

NEGATIVE

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

TEST LAB PANEL: W215

THIS TEST WAS PERFORMED AC	CORDING TO 49CFR.40 REGULATIONS
EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
RIVERO PEREZ, HERIZ DAVID	ZIGI FREIGHT INC
DONOR ID: FLR161324980050	6850 W 63RD STREET
	CHICAGO IL 60638
LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:
FASTEST LABS OF WORCESTER	CLINICAL REFERENCE LABORATORY
352 BOSTON TPKE	8433 QUIVIRA
SHREWSBURY MA 01545-3873	LENEXA KS 66215
PHONE: (774) 314-1964	PHONE: (800) 452-5677
MEDICAL REVIEW OFFICER:	LAB RESULT RECEIVED AT:
KWIECINSKI PAWEL K	4/28/2023 1:10 PM
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:
$\overline{\Omega}$	4/26/2023 1:50 PM
Alucia Just	DATE / TIME THE RESULT BECAME AVAILABLE:
grace MAN	4/28/2023 1:18 PM

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

D. Specify Tracking Authom:HKHKHK				0400 Outiving Deed	
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A Employer Name, Address, JD, No.       Site Location       B. NRD Name, Address, Flow, Row, and Fax No.         A Employer Name, Address, JD, No.       Site Location       PAVEL. SVICTASSING, MD. (MRCH476), MRCH476,					
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L. LOOR OSAN, Engloyee LJJ, No., or CJL, State and No. D. Specify Testing Authority:					
L. LOOR OSAN, Engloyee LJJ, No., or CJL, State and No. D. Specify Testing Authority:	Phone#: (630)485-7370 / Fax#: (630)485-6980	FLR161324980			5
E. Reason for Test:	C. Donor SSN, Employee I.D. No., or CDL State and No.		Phone#	: (877)033-3033 / Fax#: (847)047-0008	5
E. Reason for Test:	D. Specify Testing Authority: HHS NRC Specif	fy DOT Agency: 🔀 FMC	sa 🗌 faa 🦳 fra 🗌	FTA PHMSA USCG	
Collection Site Address:     Eastest Labs of Worcester     Site 282 Bostim Tple     FWW.0000     Fire / Exythangan@faatestalabs.com     FWW.0000     Fire / Exythangan@faatestalabs.com     Site 282 COMPLETED BY COLLECTOR (make remarks when appropriate).     Subtract of concurrent     Site 283 Bostim weithin 4 minutes. Temporture buttowen 90% and 100%?     Site 192 Bostim Weithin 4 minutes. Temporture buttowen 90% and 100%?     Site 192 Bostim Weithin 4 minutes. Temporture buttowen 90% and 100%?     Site 192 Bostim Explanation Data?     Ves     No     Obstract 2000     Site 792     Social Concurrent     Subdivided     Each Device Weithin Explanation Data?     Ves     No     Volume Indicator(s) Observed     FFP 3: Collector affixes seal(c) to bottle(s)/tube(s). Collector dates seal(s). Donor initials seal(s). Donor initials seal(s). Donor initials     Seal(s)     Social Concurrent     Subdivided     Each Device Weithin Explanation Data?     Ves     No     Volume Indicator(s) Observed     FFP 3: Collector affixes seal(c) to bottle(s)/tube(s). Collector dates seal(s). Donor initials seal(s). Donor initials     Seal(s)     Social Concurrent     Subdivided     Each Device Weithin Explanation     Subdivided				o Duty Follow-up Other (specify)	)
Collection Site Address:         Instear Labes of Worcester         Size Baston Tple	F. Drug Tests to be Performed: X THC, COC, PCP, OPI, A	AMP THC & COC C	only Other (spec	ify)	
352 Boston Tpke       FWW.0000       Fax       (724)314-1967         Strewsbury, MA 01545-3873       Cther       image: provided in the provet the provided in the provided in the provi	W215				
352 Boston Tpke       FWW.0000       Fax       (724)314-1967         Strewsbury, MA 01545-3873       Cther       image: provided in the provet the provided in the provided in the provi	C Collection Site Address: Exclast Labs of Worsester	Collection Site C			
Shrewsbury, MA 01545-3873 FWW.JUDOU Other Pyrflangan@fastestlabs.com   STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate). URINE ORAL FLUID   COLLECTION: Splat Ingle None Provided, Enter Remark. ORAL FLUID   COLLECTION: Splat Ingle None Provided, Enter Remark. ORAL FLUID   COLLECTION: Splat Ingle None Order Provided, Enter Remark.   COLLECTION: Splat Ingle Ingle Ingle   Collector affixes seal(s) to bottle(s)/tube(s). Collector Auto CoMPLETED BY TEST FACILITY Ingle   Collector affixes seal(s) to bottle(s)/tube(s). Collector Auto CoMPLETED BY TEST FACILITY Ingle   Collector affixes seal(s) to bottle(s)/tube(s). Collector Auto CoMPLETED BY TEST FACILITY Ingle   Collector affixes seal(s) to bottle(s)/tube(s). Collector Auto CoMPLETED BY TEST FACILITY Ingle   Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s). Donor Installs seal(s).   Splat Splat Ingle Ingle   Collector affixes seal(s) to bottle(s)/tube(s). Ingle Ingle   Splat Splat Ingle Ingle   Splat Ingle <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
STEP 2: COMPLETED BY COLLECTOR (make emerates when appropriate).  Step 2: COMPLETED BY COLLECTOR (make emerates when appropriate).  Step 2: COMPLETED BY COLLECTOR (make emerates when appropriate).  Step 2: Complete temperature within 4 minutes. Temperature between 90° and 100°??  Yes No. Enter Remark.  ORAL FLUID Split Type: Seriel 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  Term of the approximate of the dates water active approximate test and the date approximate test approximate test and the date approximate test approximate test and the date approximate test approximate test approximate test and the date approximate test approxima	· · · · · ·	FWW.00	00	<u> </u>	.com
COLLECTION: Split					
URLIN: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°??       Yes       Yes       No.       Cheer Remark       Observed, Enter Remark.         ORAL FLUED:       Split Type:       Serial       Concurrent       Subdivided       Each Device Within Expiration Date?       Yes       No       Volume Indicator(s) Observed         REMARKS:       Strip       Strip       Serial       Concurrent       Subdivided       Each Device Within Expiration Date?       Yes       No       Volume Indicator(s) Observed         REMARKS:       Strip       Strip       Strip       Strip       No       Volume Indicator(s) Observed         STEP 3: Collector affixes seal(s) to bothle(s)/tube(s). Collector dates seal(s). Donor initials seal(c). Donor completes STEP 5 on Copy 2 (MRO Copy)       Strip       Strip         Strip       Strip       Strip       Strip       Strip       Strip       Strip         Strip       Strip       Strip       Strip       Strip       Strip       Strip       Strip         Strip       Strip       Strip       Strip       Strip       Strip       Strip       Strip       Strip         Strip       Strip       Strip       Strip       Strip       Strip       Strip       Strip       Strip       Strip       Strip <td></td> <td></td> <td>X ORINE</td> <td></td> <td></td>			X ORINE		
ORAL FLUID:       Split Type:       Serial       Concurrent       Subdivided       Each Device Within Expiration Date?       Ves       No       Volume Indicator(s) Observed         REMARKS:         STEP 3: Collector affices seal(s) to bottle(s)/tube(s). Collector dates seal(s). Donor completes STEP 5 on Copy 2 (MR0 Copy)         STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY         Traffic the serverse devices and provide dates are addressed and expension.         Splatture of Collector         Main Structure         Splatture of Collector         Splatt	COLLECTION: X Split Single None Provide	ed, Enter Remark.			
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 Tradition of the approximation of the approximation approximation of the approximatio	URINE: Collector reads urine temperature within 4 minutes. 7	Femperature between 90° and	100°F? X Yes	No, Enter Remark 🔲 Observed, Enter Ren	mark
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STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY  Tardy the decompany points in the the down whether the interfactore action on Cap J of the form was calculated leaders  Signature of Collector  Signature of Collec					
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY  Tardy the decompany points in the the down whether the interfactore action on Cap J of the form was calculated leaders  Signature of Collector  Signature of Collec	STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector	or dates seal(s). Donor initi	als seal(s). Donor complete	es STEP 5 on Copy 2 (MRO Copy)	
		.,	.,		
Supporture of Collector	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,			
Signature of Collector     Signature of Col	sealed, and released to mervelivery Service noted in accordance with applicable rederal requireme	1	SPECIMEN BOTTLE(S)/	TURE(S) RELEASED TO:	
Signature of Collector Jay Flangan 4/26/2023 2:22 EDT PM X  CPRUIT) Clutter's Name (First, ML, Last) Date (Mo/Day/YI) Time of Collection Tree of	AIFI			<u> </u>	
Jay Flangagan       4/26/2023       2:22 EDT PM X       Name of Delivery Service         (PRINT) Collector's Name (First, MI, Last)       Date (Mo/Day/Yr)       Time of Collection       Name of Delivery Service         Strep 5: COMPLETED BY DONOR       Internet of Collection       Mame of Delivery Service       4/26/2023         I control that J provided m bits form and on the bits different to each specimen bottle/tube is context.       HERIZ D RIVERO PEREZ       4/26/2023         Signature of Donor       (RRINT) Donor's Name (First, MI, Last)       Date (Mo/Day/Yr)         I control that form and on the bits different to each 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 these medications for your own records. THIS LIST IS NOT NECESSARY.       1/5/1998         Control tree for exervices 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 (PV or U house to make a list, do so either on a separate piece of paper or on the back of your control the short of your control the short of your control to the short of your cont	Signature of Collector				
STEP 5: COMPLETED BY DONOR  I certify that I provided my time specimen to the collector; that I have not adultaristed it in any manner; each specimen bottle/Lube used was sealed with a tamper-evident seal in my presence; and that the information  X HERIZ D RIVERO PEREZ (PRINT) Donor's Name (First, ML, Last)  Signature of Donor  Email address: N/A Daytime Phone No. 6304857370 Evening Phone		ΔΜ		_	
I certhy that "provided my with specimen to the collector; that I have not addutented it in any manner; each specimen bottle/tube used was seaded with a tamper-evident seal in my presence; and that the information  X  HERIZ D RIVERO PEREZ (PRINT) Donor's Name (First, MI, Last)  Date (Mo/Day/N1)  Signature of Donor  Control 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 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 the speciment 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 the speciment 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 the speciment for your own records. THIS LIST IS NOT INCESSAPY. If you toose to make a list of an approximate piece of paper or on the baked if deal requirements, my verification is:  I accordance with applicable federal requirements, my verification is:  Seter 6: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN  In accordance with applicable federal requirements, my verification is:  Seter 6: General requirements	Jay Flanagan 4/26/2023	2:22 EDT PM X		_	
Provided or the later and on the later at the later to each specimen bottle/late is correct.	Jay         Flanagan         4/26/2023           (PRINT)         Collector's Name (First, MI, Last)         Date (Mo/Day/Yr)	2:22 EDT PM X		Other	
Image: Signature of Donor       (PRINT) Donor's Name (First, MI, Last)       Date (Mo/Day/Yr)         Email address:       MA       Daytime Phone No. 6304857370       Evening Phone No. 6304857370       Date of Birth 1/5/1998         Email address:       MA       Daytime Phone No. 6304857370       Evening Phone No. 6304857370       Date of Birth 1/5/1998         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 wath to make a list (do so either on a separate piece of paper or on the back of your copy (Gopy S). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY S WITH YOU.         STEP 6:       COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN       Image: Complexity of the applicable federal requirements, my verification is:         Image: Complexity of the applicable federal requirements, my verification is:       Image: Complexity of the applicable federal requirements, my verification is:       Image: Complexity of the applicable federal requirements, my verification is:         Image: Complexity of the applicable federal requirements, my verification is:       Image: Complexity of the applicable federal requirements, my verification is:       Image: Complexity of the applicable federal requirements, my verification is:       Image: Complexity of the applicable federal requirements, my verification is:       Image: Complexity of the applicable federal requirements, my verification for the split specimen (if tested) is:         Sign	Jay Flanagan 4/26/2023 (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) STEP 5: COMPLETED BY DONOR	2:22 EDT PM X Time of Collection		Name of Delivery Service	
Signature of Donor       1/5/1998         Email address:       NA       Daytime Phone No. 6304857370       Evening Phone No. 6304857370       Date of Birth       (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 PRECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the teak of your own records. THIS LIST IS NOT PRECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the teak of your own records. THIS LIST IS NOT PRECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the teak of your own records. THIS LIST IS NOT PRECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the teak of your own records. THIS LIST IS NOT PRECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the teak of your own records. THIS LIST IS NOT PRECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the teak of your own records. THIS LIST IS NOT PRECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the teak of your own records. THIS LIST IS NOT PRECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the teak of your own records. THIS LIST IS NOT PRECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the teak of your own records. THIS LIST IS NOT PRECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the split section so:         In ECGATTER       POSITIVE for:	Jay Flanagan 4/26/2023 (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) STEP 5: COMPLETED BY DONOR	2:22 EDT PM X Time of Collection		Name of Delivery Service	
Email address:       N/A       Daytime Phone No. 6304857370       Evening Phone No. 6304857370       Date of Birth       II/5/1393         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 of THE FORM. TAKE COPY OF WITH YOU.         STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN       IN RINE       ORAL FLUID         In accordance with applicable federal requirements, my verification is:       Image: Complex Copy Signature of 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. Jon Do NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY S WITH YOU.         STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN       Image: Complex Copy Signature of Medical Review Officer       Image: Copy Signature of Medical Review O	Jay Flanagan       4/26/2023         (PRINT) Collector's Name (First, MI, Last)       Date (Mo/Day/Yr)         STEP 5: COMPLETED BY DONOR       I certify that I provided my urine specimen to the collector; that I have not adulterated is provided on this form and on the label afficed to each specimen bottle/tube is correct.	2:22 EDT PM     X       Time of Collection     X       it in any manner; each specimen bottle/	tube used was sealed with a tamper-e	Name of Delivery Service	.3
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 S WITH YOU.  STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN  In accordance with applicable federal requirements, my verification is:  I NEGATIVE I POSITIVE for: I OILUTE I OINTEC (Allerant/reason(s) below: I OTHER COPY DE ALLERATED (adulterant/reason): I SUBSTITUTED I OTHER:  REMARKS:  X Signature of Medical Review Officer (RINT) 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: I RECONFIRMED for: I OTHER: X Signature of Medical Review Officer (RINT) Medical Review Officer's Name (First, MI, Last) Date (Mo/Day/Yr)	Jay Flanagan       4/26/2023         (PRINT) Collector's Name (First, MI, Last)       Date (Mo/Day/Yr)         STEP 5: COMPLETED BY DONOR       I certify that I provided my urine specimen to the collector; that I have not adulterated is provided on this form and on the label afficed to each specimen bottle/tube is correct.	2:22 EDT PM X Time of Collection  it in any manner; each specimen bottle/ HERIZ	tube used was sealed with a tamper-e	Name of Delivery Service  vident seal in my presence; and that the information 4/26/202	
taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST ADT 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 S) DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY S WITH YOU.  STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN  In accordance with applicable federal requirements, my verification is:  In accordance with applicable federal requirements, my verification is:  In accordance with applicable federal requirements, my verification is:  In accordance with applicable federal requirements, my verification is:  In accordance with applicable federal requirements, my verification is:  In accordance with applicable federal requirements, my verification is:  In accordance with applicable federal requirements, my verification is:  In accordance with applicable federal requirements, my verification is:  In accordance with applicable federal requirements, my verification is:  In accordance with applicable federal requirements, my verification is:  In accordance with applicable federal requirements, my verification for the split specimen (IF tested) is:  In accordance with applicable federal requirements, my verification for the split specimen (IF tested) is:  In accordance with applicable federal requirements, my verification for the split specimen (IF tested) is:  In accordance with applicable federal requirements, my verification for the split specimen (IF tested) is:  In accordance with applicable federal requirements, my verification for the split specimen (IF tested) is:  In accordance with applicable federal requirements, my verification for the split specimen (IF tested) is:  In accordance with applicable federal requirements, my verification for the split specimen (IF tested) is:  In accordance with applicable federal requirements, my verification for the split specimen (IF tested) is:  In accordance with applicable federal requirements, my verificat	Jay Flanagan       4/26/2023         (PRINT) Collector's Name (First, MI, Last)       Date (Mo/Day/Yr)         STEP 5: COMPLETED BY DONOR       I certify that I provided my urine specimen to the collector; that I have not adulterated if provided on this form and on the label affixed to each specimen bottle/tube is correct.         X       Signature of Donor	2:22 EDT PM X Time of Collection  it in any manner; each specimen bottle/ HERIZ (PRINT) Dor	tube used was sealed with a tamper-e D RIVERO PEREZ hor's Name (First, MI, Last)	Name of Delivery Service  Name of Delivery Service  Nident seal in my presence; and that the information  4/26/202 Date (Mo/Day/M 1/5/199	(r)
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Signature of Medical Review Officer     (PRINT) Medical Review Officer's Name (First, MI, Last)     Date (Mo/Day/Yr)	Jay Flanagan       4/26/2023         (PRINT) Collector's Name (First, MI, Last)       Date (Mo/Day/Yr)         STEP 5: COMPLETED BY DONOR       I certify that I provided my urine specimen to the collector; that I have not adulterated i provided on this form and on the label affixed to each specimen bottle/tube is correct.         X       Signature of Donor         Email address:       N/A         Date (Mo/Day/Yr)       Date (Mo/Day/Yr)         Signature of Donor       Email address:         M/A       Da         After the Medical Review Officer receives the test results for the specimen ide taken. Therefore, you may want to make a list of those medications for your of the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON         STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - I         In accordance with applicable federal requirements, my verification is:         DILUTE         BREFUSAL TO TEST because - check reason(s) below:         ADULTERATED (adulterant/reason):         Signature of Medical Review Officer         Step 7: COMPLETED BY MEDICAL REVIEW OFFICER - I         In accordance with applicable federal requirements, my verification for the split splicable federal requirements,	2:22 EDT PM X Time of Collection  it in any manner; each specimen bottle/  (PRINT) Doi aytime Phone No. 6304857: entified by this form, he/she may cc own records. THIS LIST IS NOT NE N THE BACK OF ANY OTHER COPY PRIMARY SPECIMEN  (PRINT) Medical Re SPLIT SPECIMEN pecimen (if tested) is:	tube used was sealed with a tamper-en- D RIVERO PEREZ nor's Name (First, MI, Last) 370 Evening Phone No. 63 ontact you to ask about prescription CESSARY. If you choose to make OF THE FORM. TAKE COPY 5 WIT WINNE WINNE View Officer's Name (First, MI, Last		(r) 28 r) ave or on
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	Jay Flanagan       4/26/2023         (PRINT) Collector's Name (First, MI, Last)       Date (Mo/Day/Yr)         STEP 5: COMPLETED BY DONOR       I certify that I provided my urine specimen to the collector; that I have not adulterated i provided on this form and on the label affixed to each specimen bottle/tube is correct.         X       Signature of Donor         Email address:       N/A         Date (Mo/Day/Yr)       Date (Mo/Day/Yr)         Signature of Donor       Email address:         M/A       Da         After the Medical Review Officer receives the test results for the specimen ide taken. Therefore, you may want to make a list of those medications for your of the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON         STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - I         In accordance with applicable federal requirements, my verification is:         DILUTE         NEGATIVE       POSITIVE for:         DILUTE         Signature of Medical Review Officer         Signature of Medical Review Officer         Step 7: COMPLETED BY MEDICAL REVIEW OFFICER - In accordance with applicable federal requirements, my verification for the split splicable federal requirements, my v		tube used was sealed with a tamper-end D RIVERO PEREZ nor's Name (First, MI, Last) 370 Evening Phone No. 63 ontact you to ask about prescripting CESSARY. If you choose to make OF THE FORM. TAKE COPY 5 WIT I URINE WITH COPY 5 WITH WITH COPY 5 WITH COPY 5 WITH COPY 5 WITH COPY 5 WITH WITH COPY 5 WITH CO		(r) 28 r) ave or on
COPY 2 - MEDICAL REVIEW OFFICER COPY	Jay Flanagan       4/26/2023         (PRINT) Collector's Name (First, MI, Last)       Date (Mo/Day/Yr)         STEP 5: COMPLETED BY DONOR       I certify that I provided my urine specimen to the collector; that I have not adulterated i provided on this form and on the label affixed to each specimen bottle/tube is correct.         X       Signature of Donor         Email address:       N/A         Date (Mo/Day/Yr)       Date (Mo/Day/Yr)         Signature of Donor       Email address:         M/A       Date         After the Medical Review Officer receives the test results for the specimen ide taken. Therefore, you may want to make a list of those medications for your of the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON         STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - I         In accordance with applicable federal requirements, my verification is:         DILUTE         NEGATIVE       POSITIVE for:         DILUTE         Signature of Medical Review Officer         In accordance with applicable federal requirements, my verification for the split split split able federal requirements, my verification for the split split split able federal requirements, my verification for the split split split able federal requirements, my verification for the split split split able federal requirements, my v		tube used was sealed with a tamper-end D RIVERO PEREZ hor's Name (First, MI, Last) 370 Evening Phone No. 63 ontact you to ask about prescripting intact you to ask about prescripting CESSARY. If you choose to make OF THE FORM. TAKE COPY 5 WIT I WINE WINE VIEW OFFICER'S Name (First, MI, Last view Officer's Name (First, MI, Last		(r) <b>28</b> r) sive sir on (r)