



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:

11/09/2023 12:42 PM 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:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	7929549233	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
10/18/2023 11:09 AM	DOT FMCSA	PHONE: (877) 633-3633
MST UTC-7		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:	NAME OF COMPANY / LOCATION:
NEIBAUR, BRUCE ALEXANDER	ZIGI FREIGHT INC
DONOR ID:	6850 W 63RD STREET
UT172462083	CHICAGO IL 60638

LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:
MEDALLUS MEDICAL - AMERICAN F	QUEST DIAGNOSTICS
476 N 900 W	10101 RENNER BLVD
AMERICAN FORK UT 84003	LENEXA KS 66219
PHONE: (801) 492-1611	PHONE: (866) 697-8378

MEDICAL REVIEW OFFICER:	LAB RESULT RECEIVED AT:
KWIECINSKI PAWEL K	10/19/2023 01:17 PM CST UTC-6
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:
	10/19/2023 01:20 PM CST UTC-6
	DATE / TIME THE RESULT BECAME AVAILABLE:
	10/19/2023 01:58 PM CST UTC-6

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. 7929549233



OMB No. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

ZIGI FREIGHT INC
6850 W 63RD STREET
CHICAGO, IL 60638
Phone: 630-485-7370 Fax: 630-485-6980

Lab Acct #: 10624350

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. UT172462083

D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCGE. 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:

Medallus Medical - American Fork - 37251
476 North 900 West STE C
AMERICAN FORK, UT 84003

37251-UT812

Clinic ID

Collector Contact Info: Phone 801-492-1611

Fax 801-492-1480

Other

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

☒ URINE☐ ORAL FLUIDCollection: ☒ Split ☐ Single ☐ None Provided, Enter RemarkURINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? ☒ Yes ☐ No. Enter Remark ☐ Observed, Enter RemarkORAL FLUID: Split type: ☐ Serial ☐ Concurrent ☐ Subdivided Each Device Within Expiration Date? ☐ Yes ☐ No ☐ Volume Indicator(s) Observed

REMARKS: DER Name: IANACHI ELENA

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

Signature of Collector

Donna Oneill

10 / 18 / 2023

11:09:32

☒ AM
☐ PM

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

Date (Mo./Day/Yr.)

Time of Collection

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

BRUCE NEIBAUR

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

10 / 18 / 2023

Date (Mo./Day/Yr.)

Email _____ Day Phone (406) 885-2190 Evening Phone () Not Provided Date of Birth 11 / 03 / 1987

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.)