



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:

5/30/2023 3:51 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

PURPOSE OF TEST:

PRE-EMPLOYMENT

COLLECTION DATE / TIME:

5/22/2023 2:19 PM

SPECIMEN ID:

CF12834112

TESTING AUTHORITY:

DOT FMCSA**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 RESULT:

NEGATIVE

TEST LAB PANEL:

W215**THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS**

EMPLOYEE / APPLICANT:

HARRIOTT, TYRONE LU

DONOR ID:

FLH630812891270

NAME OF COMPANY / LOCATION:

ZIGI FREIGHT INC**6850 W 63RD STREET****CHICAGO IL 60638**

LOCATION / COLLECTION SITE:

MED-STOP HICKORY HILLS**7831 W 95TH ST****HICKORY HILLS IL 60457****PHONE: (708) 546-0551**

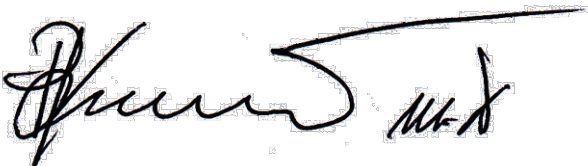
LABORATORY PERFORMING TEST:

CLINICAL REFERENCE LABORATORY**8433 QUIVIRA****LENEXA KS 66215****PHONE: (800) 452-5677**

MEDICAL REVIEW OFFICER:

KWIECINSKI PAWEL K

SIGNATURE:



LAB RESULT RECEIVED AT:

5/23/2023 11:51 AM

MRO COPY BECAME AVAILABLE AT:

5/22/2023 3:00 PM

DATE / TIME THE RESULT BECAME AVAILABLE:

5/23/2023 12:02 PM**THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





C F 1 2 8 3 4 1 1 2

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D2828543

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

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

NIKOLA STAMENKOVIC
ZIGI FREIGHT INC
6850 W 63RD ST
CHICAGO, IL 60638
Phone#: (630)485-7370 / Fax#: (630)485-6980

Site Location

FL H630812891270

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
Phone#: (877)633-3633 / Fax#: (847)647-6608

C. Donor SSN, Employee I.D. No., or CDL State and No.

D. Specify Testing Authority: ☐ HHS ☐ NRCSpecify 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) _____**W215**G. Collection Site Address: **Med Stop - Hickory Hills**

Collection Site Code:

Collector Contact Info: Phone **(708)546-0551****7831 W 95th St Ste J****YMS.0003**Fax **(708)295-9162****Hickory Hills, IL 60457-2388**Other **info@med-stop.com****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**

Signature of Collector

Dorota Moniuszko

5/22/2023

AM
2:19 CDT PM **X**

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

Date (Mo/Day/Yr)

Time of Collection

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:☐ UPS☐ FedEx☒ Other **CRL Courier**

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/tube 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/tube is correct.***X**

Signature of Donor

TYRONE L HARRIOTT

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

5/22/2023

Date (Mo/Day/Yr)

4/7/1989

(Mo/Day/Yr)

Email address: **tyronehart9@gmail.com**Daytime Phone No. **2392453469**Evening Phone No. **2392453469**

Date of Birth

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

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)

COPY 2 - MEDICAL REVIEW OFFICER COPY