

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:

6/2/2023 9:21 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:

CF12834208

**DOT FMCSA** 

**TESTING AUTHORITY:** 

PURPOSE OF TEST: PRE-EMPLOYMENT COLLECTION DATE / TIME:

5/30/2023 11:32 AM

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	ACCORDING TO 49CFR.40 REGULATIONS				
EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:				
LOUIS, DIEU-SONE	ZIGI FREIGHT INC				
DONOR ID:	6850 W 63RD STREET				
FLL200160800830	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	5/31/2023 10:19 AM				
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:				
$\mathfrak{A}$	5/30/2023 12:05 PM				
Aluna my	DATE / TIME THE RESULT BECAME AVAILABLE:				
y min	5/31/2023 10:42 AM				

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

FEDERAL DRUG TESTING CL	JSTODT AND CO							
						433 Quivira Ro enexa, KS 662		
					-			RL
C F 1 2 8 SPECIMEN ID				02020542				
SPECIMEN ID STEP 1: COMPLETED BY C			IT NO. YMS.DOT1	.DZ0Z0343	ACCESSI			
A. Employer Name, Address,			Site Locat	ion B			one No. and Fax No	0
NIKOLA STAMENKOVIC	, 1.D. NO.		Site Local			IECINSKI, MD		0.
ZIGI FREIGHT INC					MED-STOP	INC	(	
6850 W 63RD ST					9950 LAWF	RENCE AVE		
CHICAGO, IL 60638 Phone#: (630)485-7370 /	/ Fax#+ (630)485	5-6980			SUITE 403	PARK, IL 6017	5	
	. ,	FL	L20016080	0830			/ / Fax#: (847)647-	6608
C. Donor SSN, Employee I.D	ć –		_		_	_	_	
D. Specify Testing Authority:			OT Agency: X FMC					
E. Reason for Test: X Pre-e				·	Return to D		-upOther (spe	cify)
F. Drug Tests to be Performe		COC, PCP, OPI, AMP	THC & COC (	Only Ot	her (specify	)		
	W	215						
G. Collection Site Address:	Med Stop - Hie	ckorv Hills	Collection Site C	ode: Collector	· Contact Inf	o Phone (7)	08)546-0551	
	7831 W 95th 9						08)295-9162	
		IL 60457-2388	- YMS.00	03		-	o@med-stop.com	
STEP 2: COMPLETED BY C					INE		_ FLUID	
COLLECTION: X Split	Single	None Provided, E					_	
URINE: Collector reads urine	e temperature wi	ithin 4 minutes. Tem	perature between 90° and	100°F?	Yes No,	Enter Remark	Observed, Ente	r Remark
ORAL FLUID: Split Type:	Serial Co	oncurrent 🗌 Subdiv	rided Each Device With	in Expiration Date?	Yes	No	Volume Indicator(s)	) Observed
REMARKS:								
STEP 3: Collector affixes sea	l(s) to bottle(s)/	/tube(s). Collector d	ates seal(s). Donor initi	als seal(s). Donor	completes 9	TEP 5 on Copy	2 (MRO Copy)	
STEP 4: CHAIN OF CUSTO	., .,				•	·· • • • • • • • • • • • • • • • • • •	- ( cop))	
I certify that the specimen given to me by the	e donor identified in the ce	ertification section on Copy 2 of t			-			
sealed, and released to the Delivery Service n	noted in accordance with a	applicable federal requirements.						
			ĺ					
				SPECIMEN BOT	TLE(S)/TU	_	SED TO:	
x Allen		f Callacter		SPECIMEN BOT	TLE(S)/TU	BE(S) RELEA	SED TO:	
x Aller	Signature of		AM <b>X</b>		TLE(S)/TU	FedEx	SED TO: CRL Courier	
X Dorota Moniuszk (PRINT) Collector's Name (First	(0	f Collector 5/30/2023 Date (Mo/Day/Yr)	AM X 11:32 CDT PM Time of Collection			FedEx	CRL Courier	
	KO t, MI, Last)	5/30/2023	11:32 CDT PM			FedEx Cther	CRL Courier	
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