

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:

6/19/2023 3:11 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:

CF14001638

DOT FMCSA

TESTING AUTHORITY:

PURPOSE OF TEST: PRE-EMPLOYMENT COLLECTION DATE / TIME: 6/12/2023 2:05 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 ACCORDING TO 49CFR.40 REGULATIONS	
EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
SOLANO, CARLOS	ZIGI FREIGHT INC
DONOR ID:	6850 W 63RD STREET
FLS450100772140	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	6/13/2023 8:19 AM
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:
$\Omega/$	6/12/2023 2:40 PM
thun ut	DATE / TIME THE RESULT BECAME AVAILABLE:
	6/13/2023 8:24 AM

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

	8433 Quivira Road Lenexa, KS 66215
	(CRL)
SPECIMEN ID NO. CLIENT NO. YMS.DOT	1.D2828543
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE	ACCESSION NO.
A. Employer Name, Address, I.D. No. Site Loca NIKOLA STAMENKOVIC ZIGI FREIGHT INC 6850 W 63RD ST CHICAGO, IL 60638 Phone#: (630)485-7370 / Fax#: (630)485-6980 FL S45010077	PAWEL KWIECINSKI, MD (MRO4478) MED-STOP INC 9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176
C. Donor SSN, Employee I.D. No., or CDL State and No.	2140 Phone#: (877)633-3633 / Fax#: (847)647-6608
D. Specify Testing Authority: HHS NRC Specify DOT Agency: K FM E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC W215	Post Accident Return to Duty Follow-up Other (specify)
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.00	Fax (708)295-9162
Hickory Hills, IL 60457-2388	Other info@med-stop.com
STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).	
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and	
	hin 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 ini	
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B	
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 terthe Derivery firvice noted in ecordance with applicable federal requirements.	
	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:
x fellun	
Signature of Collector AM	X Other CRL Courier
Dorota Moniuszko 6/12/2023 2:05 CDT PM X (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection Time of Collection	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 botti provided on this form and on the label affixed to each specimen bottle/tube is correct.	e/tube used was sealed with a tamper-evident seal in my presence; and that the information
	RLOS SOLANO 6/12/2023
(PRINT) D	RLOS SOLANO 6/12/2023 onor's Name (First, MI, Last) Date (Mo/Day/Yr)
Signature of Donor Email address: cjsolano77@gmail.com Davtime Phone No. 9546871	6/14/1977
Daydine Phone No. 5540070	8431 Evening Phone No. 9546878431 Date of Birth (Mo/Day/Yr)
Land Back of your copy (copy 5) Do NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COP	contact you to ask about prescriptions and over-the-counter medications you may have
STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN	contact you to ask about prescriptions and over-the-counter medications you may have
STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable federal requirements, my verification is: NEGATIVE POSITIVE POSITIVE for:	contact you to ask about prescriptions and over-the-counter medications you may have NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on Y OF THE FORM. TAKE COPY 5 WITH YOU. WRINE ORAL FLUID
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