

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:** 

8/8/2023 12:01 PM

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** 

12230717990957 PAGE 1 OF 2

## **RESULTS OF SAMSHA (NIDA) CONTROLLED TEST**

PURPOSE OF TEST: SPECIMEN ID: MED-STOP MRO SERVICES

PRE-EMPLOYMENT CF14002641 9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME: TESTING AUTHORITY: SCHILLER PARK IL 60176

7/17/2023 11:08 AM DOT FMCSA PHONE: (877) 633-3633 FAX: (847) 647-6608

TEST RESULT: mro@med-stop.com

TEST RESULT: mro@med-stop.com

**NEGATIVE** 

**TEST LAB PANEL:** 

W215

## THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: NAME OF COMPANY / LOCATION:

BUELVAS MAZZEO, ERNESTO ZIGI FREIGHT INC

**ENRIQUE** 

DONOR ID: 6850 W 63RD STREET

FLB412205822160 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 7/18/2023 2:46 PM

SIGNATURE: MRO COPY BECAME AVAILABLE AT:

MINO OUT I DECAME AVAILABLE AT.

7/17/2023 11:30 AM

DATE / TIME THE RESULT BECAME AVAILABLE:

7/18/2023 3:28 PM

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

12230717990957 PAGE 2 OF 2



STEP 1: COMPLETED BY	COLLECTOR	OR EMPLOYE	ER REPRESEN	NTATIVE			ACC	ESSION	I NO.			
A. Employer Name, Addres	s, I.D. No.			Site Loca	tion	В.	MRO N	ame, A	ddress	, Phor	ne No. and	l Fax No.
NIKOLA STAMENKOVIC							PAWEL	. KWIE	CINSKI	, MD	(MRO44	178)
ZIGI FREIGHT INC							MED-S					
6850 W 63RD ST							9950 L		ICE AV	'E		
CHICAGO, IL 60638 Phone#: (630)485-7370	1 / Eav#+ (630)	)485-6080					SUITE		וז אכ	60176		
Filone#. (030)703-7370	7 1 dx#. (050)	) <del>-1</del> 03-0900	FL B4	11220582	2160	)						7)647-6608
C. Donor SSN, Employee I.	D. No., or CDL	State and No.						(411	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,		<del>- /- · ·</del>
D. Specify Testing Authorit	v.	NRC	Specify DOT A	gency: X FMC	۲ <u>۲</u> ۸ ۲	ЕЛЛ П	FRA [	□FTA		PHMS	л Пи	SCG
E. Reason for Test: X Pre-	, <u> </u>						Return					er (specify)
					_				у Ш	OIIOW-	ирОп	ei (specify)
F. Drug Tests to be Perform	nea: 🗶 I H	HC, COC, PCP, ( <b>W215</b>	OPI, AMP	THC & COC	Only		ner (spe	есіту)				
G. Collection Site Address:	Mad Stan	Hieleen Hill	_	Callagtian Cita (	Sada.	0 11 .			D.		0.244 0.2	
G. Collection Site Address:		· Hickory Hills	<u> </u>	Collection Site (		Collector	Contact	t Into:			8)546-05	
	7831 W 95	th St Ste J		<b>YMS.00</b>	03						8)295-91	
	Hickory Hil	lls, IL 60457-	-2388						Othe	r <u>info</u>	@med-sto	p.com
STEP 2: COMPLETED BY	COLLECTOR	(make remai	rks when app	propriate).		X UR	INE		0	RAL	FLUID	
COLLECTION: X Split	Single	None F	Provided, Enter R	Remark.								
URINE: Collector reads urin	ne temperature	e within 4 minu	utes. Temperatu	ire between 90° and	100°F?	X	Yes	No, En	ter Ren	nark	Observ	ed, Enter Remark
ORAL FLUID: Split Type:	Serial	Concurrent	Subdivided	Each Device With	nin Expirat	tion Date?	Yes		No		Volume Ind	icator(s) Observed
REMARKS:												
STEP 3: Collector affixes se	eal(s) to bottle	e(s)/tube(s). Co	ollector dates s	seal(s). Donor init	ials seal(	(s). Donor	complet	tes STE	P 5 on	Сору	2 (MRO Co	рру)
<b>STEP 4: CHAIN OF CUST</b>	ODY - INITIA	ATED BY COL	LECTOR AND	COMPLETED B	Y TEST I	<b>FACILITY</b>	,					
I certify that the specimen given to me by t sealed, and released to the Delivery Service	the donor de tified in	the certification section	on Copy 2 of this form	was collected, labeled,								
sealed, and released to the Dullvery Service	e notegin acqordance v	with applicable federal f	requirements.		CDECT		TI E(0)	/T.L.D.F	(C) D			
	/ /					MEN BOT	ILE(S)	/ I UBE			SED IO:	
x Mem					UPS				Fe	dEx		
	Signatu	re of Collector										
				AM X					X Ot	hor i	CDI Courie	ar
Dorota Moniusz		7/17/20		1:08 CDT PM					X Ot	-	CRL Courie	er
(PRINT) Collector's Name (Fi	rst, MI, Last)							Name	X Ot	-		er
I	rst, MI, Last)	7/17/20		1:08 CDT PM				Name	_	-		er
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