

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:

8/22/2023 5:02 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

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST: SPECIMEN ID: **PRE-EMPLOYMENT** COLLECTION DATE / TIME: 8/14/2023 2:45 PM

TEST RESULT:

NEGATIVE

MED-STOP MRO SERVICES CF14003456 9950 LAWRENCE AVE STE 403 SCHILLER PARK IL 60176 **TESTING AUTHORITY:** PHONE: (877) 633-3633 **DOT FMCSA** FAX:

> **TEST LAB PANEL:** W215

mro@med-stop.com

(847) 647-6608

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS			
EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:		
SAINT HILAIRE, EDOUARD	ZIGI FREIGHT INC		
DONOR ID:	6850 W 63RD STREET		
FLS534200663100	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	8/15/2023 3:55 PM		
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:		
$\Omega/$	8/14/2023 3:05 PM		
Ahun III	DATE / TIME THE RESULT BECAME AVAILABLE:		
y MAN	8/15/2023 4:11 PM		

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM	
	8433 Quivira Road
	Lenexa, KS 66215
SPECIMEN ID NO. CLIENT NO. YMS.DOT1.D2828543	
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE	ACCESSION NO.
	MRO Name, Address, Phone No. and Fax No.
NIKOLA STAMENKOVIC	PAWEL KWIECINSKI, MD (MRO4478)
ZIGI FREIGHT INC	MED-STOP INC
6850 W 63RD ST	9950 LAWRENCE AVE
CHICAGO, IL 60638 Phone#: (630)485-7370 / Fax#: (630)485-6980	PAWEL KWIECINSKI, MD (MRO4478) MED-STOP INC 9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176 Phone#: (877)633-3633 / Fax#: (847)647-6608
	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 NRC Specify DOT Agency: X FMCSA FAA	FRA FTA PHMSA USCG
	Return to Duty Follow-up Other (specify)
	ner (specify)
W215	
G. Collection Site Address: Med Stop - Hickory Hills Collection Site Code: Collector	Contact Info: Phone (708)546-0551
	Fax (708)295-9162
7831 W 95th St Ste J Hickory Hills, IL 60457-2388	Other info@med-stop.com
STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).	INE ORAL FLUID
COLLECTION: X 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)
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STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY Tertify 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 Image: Signature of Collector Agnieszka Horodowicz 8/14/2023 2:45 CDT PM Y Time of Collector STEP 5: COMPLETED BY DONOR Time of Collection 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 provided on this form and on the label affixed to each specimen bottle/tube is correct.	TLE(S)/TUBE(S) RELEASED TO: FedEx Other CRL Courier Name of Delivery Service
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COPY 2 - MEDICAL REVIEW OFFICER COPY