

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:

7/21/2023 10:35 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

PURPOSE OF TEST:SPECIMEN ID:PRE-EMPLOYMENTCF14002194COLLECTION DATE / TIME:TESTING AUTHORITY:7/5/2023 10:35 AMDOT FMCSA

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:
JUMA, KHUDER WADY	ZIGI FREIGHT INC
DONOR ID:	6850 W 63RD STREET
OHUH823405	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	7/6/2023 11:34 AM
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:
$\Omega/$	7/5/2023 10:45 AM
Aluna mit	DATE / TIME THE RESULT BECAME AVAILABLE:
y when	7/6/2023 11:58 AM

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
	CRL
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. Site Loca	tion B MRO Name Address Phone No and Fax No
NIKOLA STAMENKOVIC	PAWEL KWIECINSKI, MD (MRO4478) MED-STOP INC 9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176 Phone#: (877)633-3633 / Fax#: (847)647-6608
ZIGI FREIGHT INC	MED-STOP INC
6850 W 63RD ST CHICAGO, IL 60638	9950 LAWRENCE AVE SUITE 403
Phone#+ (630)485-7370 / Fax#+ (630)485-6980	SCHILLER PARK, IL 60176
C Deper SSN Employee LD Ne or CDL State and Ne	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 FMC E. Reason for Test: X Pre-employment Random Reasonable Suspicion/Cause	
F. Drug Tests to be Performed: X THC, COC, PCP, OPI, AMP THC & COC W215	OnlyOther (specify)
G. Collection Site Address: Med Stop - Hickory Hills Collection Site G	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).	X URINE ORAL FLUID
COLLECTION: X Split Single None Provided, Enter Remark.	
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and	1 100°F? X Yes No, Enter Remark Observed, Enter Remark
ORAL FLUID: Split Type: Serial Concurrent Subdivided Each Device With	hin Expiration Date? Yes No Volume Indicator(s) Observed
REMARKS:	
SIEP S' (ollector attives seal(s) to bottle(s)/tube(s) (ollector dates seal(s) Donor init	tials seal(s) Donor completes STEP 5 on Conv 2 (MBO Conv)
STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s). Donor init	
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B	
	Y TEST FACILITY
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B	Y TEST FACILITY SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B [certify that the specimen given to the by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the terrify Service noted in accordance with applicable federal requirements. X	Y TEST FACILITY
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B I certify that the specimen given to the buffle donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the territy Service nice in accordance with applicable federal requirements. X Signature of Collector AM X	Y TEST FACILITY SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:
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STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B T certify that the specimen given to the buffer donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the buffer Service noted in accordance with applicable federal requirements. Signature of Collector Malgorzata Bodyziak (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collecton	Y TEST FACILITY SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: UPS FedEx
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 to the perferse Service note in accordance with applicable federal requirements. X Signature of Collector Malgorzata Bodyziak 7/5/2023 (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection	Y TEST FACILITY SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: UPS FedEx K Other <u>CRL Courier</u> Name of Delivery Service
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STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B I certify that the specimen given to ma by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the berry's Service noted in accordance with applicable federal requirements. X Signature of Collector Malgorzata Bodyziak 7/5/2023 (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collector K OMPLETED BY DONOR I certify that I provided my urge specimen to the collector; that I have not adulterated it in any manner; each specimen bottle provided on this form and of the label affixed to each specimen bottle/tube is correct. X	Y TEST FACILITY SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: UPS FedEx X Other CRL Courier Name of Delivery Service e/tube used was sealed with a tamper-evident seal in my presence; and that the information UDER W JUMA 7/5/2023 Date (Mo/Day/Yr) 4228 Evening Phone No. 9373074228 Date of Birth (Mo/Day/Yr) contact you to ask about prescriptions and over-the-counter medications you may have
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B Initiation section on Copy 2 of this form was collected, labeled, sealed, and released to the perferse Service note in accordance with applicable federal requirements. X Signature of Collector Malgorzata Bodyziak 7/5/2023 (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection Stepse section of the label affixed to each specimen bottle/tube is correct. X K I certify that I provided my urge specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube is correct. X KH Signature of Donor KH Email address: khuder3@yahoo.com	Y TEST FACILITY SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: UPS FedEx X Other CRL Courier Name of Delivery Service e/tube used was sealed with a tamper-evident seal in my presence; and that the information UDER W JUMA 7/5/2023 ponor's Name (First, MI, Last) Date (Mo/Day/Yr) 4228 Evening Phone No. 9373074228 Date of Birth (Mo/Day/Yr) contact you to ask about prescriptions and over-the-counter medications you may have VECESSARY. If you choose to make a list, do so either on a separate piece of paper or on
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 to the berry's Service nice in accordance with applicable federal requirements. X Signature of Collector Malgorzata Bodyziak 7/5/2023 (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collector AM X I certify that I provided my urge specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/rube is correct. X Signature of Donor Email address: And released to the specime form was collected, labeled, search and collector of the label affixed to each specimen bottle/rube is correct. X (PRINT) Gollector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collector AM X 1 certify that I provided my urge specimen to the collector; that I have not adulterated it in any manner; each specimen bottle Joint address: Khuder3@yahoo.com Daytime Phone No. 9373074 After the Medical Review Off	Y TEST FACILITY SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: UPS FedEx X Other CRL Courier Name of Delivery Service e/tube used was sealed with a tamper-evident seal in my presence; and that the information UDER W JUMA 7/5/2023 ponor's Name (First, MI, Last) Date (Mo/Day/Yr) 4228 Evening Phone No. 9373074228 Contact you to ask about prescriptions and over-the-counter medications you may have VECESSARY. If you choose to make a list, do so either on a separate piece of paper or on
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