

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:
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B T certify that the specimen given to the buffeedonor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the territy Service model in accordance with applicable federal requirements. Signature of Collector AM X Malgorzata Bodyziak 7/5/2023 10:35 CDT PM	Y TEST FACILITY         SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS         FedEx         Other         CRL Courier
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 me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the term? Service niced 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         STEP 5: COMPLETED 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       KH         Signature of Donor	Y TEST FACILITY         SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         X Other       CRL Courier         Name of Delivery Service         Petube 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)
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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STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B         Interference of 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 perfer 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 Collector         AM X         (PRINT) Collector's Name (First, MI, Last)         Date (Mo/Day/Yr)         Time of Collector         AM X         (PRINT) Collector's Name (First, MI, Last)         Date (Mo/Day/Yr)         Time of Collection         Steps S: COMPLETED 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         ponor's Name (First, MI, Last)       Date (Mo/Day/Yr)         4228       Evening Phone No.       9373074228         Evening Phone No.       9373074228       Date of Birth         (Mo/Day/Yr)       3/8/1972         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 Y OF THE FORM. TAKE COPY 5 WITH YOU.         X URINE       ORAL FLUID
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, seeled, and released to the borthy Service note in accordance with applicable federal requirements.         X       Signature of Collector       AM X         Malgorzata Bodyziak       7/5/2023       10:35 CDT PM         (PRINT) Collector's Name (First, MI, Last)       Date (Mo/Day/Yr)       Time of Collection         STEP 5: COMPLETED BY DONOR         I certify that I provided my urge specimen to the collector; that I have not adulterated it in any manner; each specimen bother provided on this form and of the label affixed to each specimen bother/tube is correct.         X       KH         VPRINT) D       Signature of Donor         Email address:       khuder3@yahoo.com       Daytime Phone No.       9373074         After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COP         STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN         In accordance with applicable federal requirements, my verification is:       POSITIVE for:         DILUTE       POSITIVE for:       DILUTE <td>Y TEST FACILITY         SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         X Other       CRL Courier         Name of Delivery Service         Relube used was sealed with a tamper-evident seal in my presence; and that the information         UDER W JUMA       7/5/2023         nonor's Name (First, MI, Last)       Date (Mo/Day/Yr)         4228       Evening Phone No.       9373074228         Att the or on a separate piece of paper or on Y OF THE FORM. TAKE COPY S WITH YOU.       ORAL FLUID</td>	Y TEST FACILITY         SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         X Other       CRL Courier         Name of Delivery Service         Relube used was sealed with a tamper-evident seal in my presence; and that the information         UDER W JUMA       7/5/2023         nonor's Name (First, MI, Last)       Date (Mo/Day/Yr)         4228       Evening Phone No.       9373074228         Att the or on a separate piece of paper or on Y OF THE FORM. TAKE COPY S WITH YOU.       ORAL FLUID
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STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B [	Y TEST FACILITY         SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         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)         3/8/1972       (Mo/Day/Yr)         QCF THE FORM. TAKE COPY S WITH YOU.       ORAL FLUID         TEST CANCELLED       TEST CANCELLED
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B  Teerlify that the specimen given to me burdle drown identified in the certification section on Coy 2 of this form was collected, labeled, sealed, and released to the CorrY Service rulet in accordance with applicable federal requirements.  Signature of Collector  Malgorzata Bodyziak 7/5/2023 10:35 CDT PM (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection  STEP 5: COMPLETED BY DONOR  Teerlify that I provided my urge specimen to the collector; that I have not adulterated it in any manner; each specimen both provided on this form and of the label affixed to each specimen bothe/tube is correct.  X K K K K K K K K K K K K K K K K K K	Y TEST FACILITY  SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: UPS FedEx Name of Delivery Service  Petube 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) 3/8/1972 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 Y OF THE FORM. TAKE COPY 5 WITH YOU.  X URINE  TEST CANCELLED
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B  [certify that the specimen given to me buffed form identified in the certification section on Coyy 2 of this form was collected, labeled, seeled, and released to the Corry Service rule in accordance with applicable federal requirements.  X Signature of Collector AM X Malgorzata Bodyziak 7/5/2023 10:35 CDT PM Time of Collector STEP 5: COMPLETED 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 KH (PRINT) Signature of Donor Email address: khuder3@yahoo.com Daytime Phone No. 9373074 After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COP STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable federal requirements, my verification is: DI DILUTE DIL	Y TEST FACILITY         SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         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)         3/8/1972       (Mo/Day/Yr)         QCF THE FORM. TAKE COPY S WITH YOU.       ORAL FLUID         TEST CANCELLED       TEST CANCELLED
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B  Teetify that the specimen given to may by the denor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Term's Service nDV in accordance with applicable federal requirements.  Signature of Collector AM X  Malgorzata Bodyziak 7/5/2023 10:35 CDT PM  (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection  STEP 5: COMPLETED BY DONOR  Teertify that I provided my urge specimen to the collector, that I have not adulterated it in any manner; each specimen botth provided on this form and of the label affixed to each specimen botthe/tube is correct.  K  K  K  KH  (PRINT) Collector's Name (First, MI, Last)  I certify that I provided my urge specimen to the collector; that I have not adulterated it in any manner; each specimen botth provided on this form and of the label affixed to each specimen botthe/tube is correct.  K  KH  (PRINT) D  Signature of Donor  Email address: khuder3@yahoo.com Daytime Phone No. 9373074  After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT the back of your copy (Copy S). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF AWY OTHER COP  STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN  In accordance with applicable federal requirements, my verification is: DILUTE DILUTE DILUTE DILUTE Signature of Medical Review Officer (PRINT) Medical F  STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN	Y TEST FACILITY         SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         X Other       CRL Courier         Name of Delivery Service         Re/tube used was sealed with a tamper-evident seal in my presence; and that the information         UDER W JUMA       7/5/2023         Import on one'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       WECESSARY. 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.         X       URINE       ORAL FLUID
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B  Teertify that the specimen given to grap with approximation identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Territy's vervice nDU in accordance with applicable federal requirements.  Signature of Collector AM X  Malgorzata Bodyziak 7/5/2023 10:35 CDT PM  (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection  STEP 5: COMPLETED BY DONOR  Teertify 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.  K  KH  (PRINT) Collector's Name (First, MI, Last)  Jignature of Donor  Email address: khuder3@yahoo.com Daytime Phone No. 9373074  After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may taken. Therefore, you may want to make a list of those medications for your own records. THSI LIST IS NOT  The back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COP  STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN  In accordance with applicable federal requirements, my verification is: DILUTE SUBSTITUTED SUBSTITUTED SUBSTITUTED SUBSTITUTED Signature of Medical Review Officer  (PRINT) Medical F  (PRINT) Medi	Y TEST FACILITY  SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: UPS FedEx 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) A228 Evening Phone No. 9373074228 Date of Birth 3/8/1972 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 Y OF THE FORM. TAKE COPY 5 WITH YOU.  TEST CANCELLED  TEST CANCELLED
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B  Teetify that the specimen given to ma be the optimised on the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the DBY Service rNa in accordance with applicable federal requirements.  X Signature of Collector X Malgorzata Bodyziak 7/5/2023 10:35 CDT PM PM PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection STEP 5: COMPLETED BY DONOR  Creptify that I provided my urgle 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 KH (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection STEP 5: COMPLETED BY DONOR  Creptify that I provided my urgle 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 KH (PRINT) D Signature of Donor Email address: khuder3@yahoo.com Daytime Phone No. 9373074 After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT In accordance with applicable federal requirements, my verification is: DILUTE DILUTE DILUTE DILUTE DILUTE DILUTE Signature of Medical Review Officer (PRINT) Medical F STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN In accordance with applicable federal requirements, my verification for the split specimen (if tested) is: CREPT 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN In accordance with applicable federal requirements, my verification for the split specimen (if tested) is: REMARKS: X Signature of Medical Review Officer (PRINT) Medical F STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN In accordance with applicable federal requirements, my verification for the split sp	Y TEST FACILITY         SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         X Other       CRL Courier         Name of Delivery Service         et/ube used was sealed with a tamper-evident seal in my presence; and that the information         UDER W JUMA       7/5/2023         onor's Name (First, MI, Last)       Date (Mo/Day/Yr)         4228       Evening Phone No.       9373074228       Date of Birth         MO/Day/Yr)       3/8/1972         4228       Evening Phone No.       9373074228       Date of Birth         MO/Day/Yr)       3/8/1972         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 Y OF THE FORM. TAKE COPY S WITH YOU.       ORAL FLUID         TEST CANCELLED
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COPY 2 - MEDICAL REVIEW OFFICER COPY