

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:

9/12/2023 11:19 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

SPECIMEN ID:

CF14327893

DOT FMCSA

TESTING AUTHORITY:

PURPOSE OF TEST: PRE-EMPLOYMENT

COLLECTION DATE / TIME: 9/6/2023 3:32 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:		
PARRA FONSECA, NESTOR YOBANY	ZIGI FREIGHT INC		
DONOR ID:	6850 W 63RD STREET		
FLP615639630150	CHICAGO IL 60638		
LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:		
ARCPOINT LABS OF FT LAUDERDA	CLINICAL REFERENCE LABORATORY		
3221 NW 10TH TER	8433 QUIVIRA		
FORT LAUDERDALE FL 33309	LENEXA KS 66215		
PHONE: (954) 667-7908	PHONE: (800) 452-5677		
MEDICAL REVIEW OFFICER:	LAB RESULT RECEIVED AT:		
KWIECINSKI PAWEL K	9/7/2023 2:25 PM		
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:		
\mathcal{O}	9/6/2023 3:00 PM		
Alara us	DATE / TIME THE RESULT BECAME AVAILABLE:		
When were	9/7/2023 2:26 PM		

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM			0.400 Outsize Dated	
			8433 Quivira Road Lenexa, KS 66215	
				CRL
C F 1 4 3 2 7 8 9 3		D2020542		TM
SPECIMEN ID NO. CLIENT I STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESE	NO. YMS.CMKT		SION NO.	
A. Employer Name, Address, I.D. No.	Site Locat		ne, Address, Phone No. and	Fax No.
NIKOLA STAMENKOVIC		PAWEL KV	NIECINSKI, MD (MRO44	178)
ZIGI FREIGHT INC 6850 W 63RD ST		MED-STO	P INC /RENCE AVE	4
CHICAGO, IL 60638		SUITE 40	3	
Phone#: (630)485-7370 / Fax#: (630)485-6980	615639630		: PARK, IL 60176 (877)633-3633 / Fax#: (84	178) 178) 17)647-6608
C. Donor SSN, Employee I.D. No., or CDL State and No.			(077)055-505571ax#. (04	<u>17)047</u> -0000
D. Specify Testing Authority: HHS NRC Specify DOT	Agency: X FMC	SA 🗌 FAA 🗌 FRA 🗌	FTA PHMSA US	SCG
E. Reason for Test: X Pre-employment Random Reasonable S				er (specify)
F. Drug Tests to be Performed: X THC, COC, PCP, OPI, AMP	THC & COC	Only Other (specif	y)	
W215				
G. Collection Site Address: ARCpoint Labs of Fort	Collection Site C	ode: Collector Contact Ir	nfo: Phone (954)667-7 9	908
3221 NW 10th Ter Ste 508	FGF.FO		Fax (954)951-15	
Ft Lauderdale, FL 33309-5942			Other MLasso@arcp	ointlabs.com
STEP 2: COMPLETED BY COLLECTOR (make remarks when ap	opropriate).		ORAL FLUID	
COLLECTION: X Split Single None Provided, Enter	r Remark			
URINE: Collector reads urine temperature within 4 minutes. Tempera			o, Enter Remark Observ	ad Enter Demark
				ed, Enter Remark
	Each Device with	in Expiration Date? Yes	No Volume Ind	licator(s) Observed
REMARKS:				
STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates	.,	., .	STEP 5 on Copy 2 (MRO Co	ору)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AN [I certify that the specimen given to medipy the donor identified in the certification section on Copy 2 of this for		Y TEST FACILITY		
rectify the the spectrum given to melby the donor identified in the certification section on copy 2 or this to				
sealed, and released to the Delivery Service noted in accordance with applicable federal requirements.	····, ···,	<i></i>		
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seeled, and released to the Delivery Selvice noted in accordance with applicable federal requirements. X Signature of Collector Daniel Oudkerk 9/6/2023 (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Ti STEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collector; that I have not adulterated it in any me provided on the form and an the label affixed to each specimen bottle/tube is correct. X	AM 3:32 EDT PM X ime of Collection X anner; each specimen bottle NESTOR YOI (PRINT) but none No. 6304857 (PRINT) he/she may or rds. THIS LIST IS NOT N CK OF ANY OTHER COPY ARY SPECIMEN (PRINT) Medical R SPECIMEN (if tested) is:	UPS //tube used was sealed with a tamper-evid BANY PARRA FONSEC/ pnor's Name (First, MI, Last) //370_ Evening Phone No. 630 contact you to ask about prescription ECESSARY. If you choose to make a 'OF THE FORM. TAKE COPY 5 WITH IN URINE eview Officer's Name (First, MI, Last)	FedEx Other Other A Other Inter seal in my presence; and that the inter A A A A A A C A A A C A A	9/6/2023 Date (Mo/Day/Yr) 1/15/1963 (Mo/Day/Yr) ns you may have ece of paper or on

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