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

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

PRE-EMPLOYMENT CF20613992 9950 LAWRENCE AVE STE 403

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

06/25/2025 10:39 AM DOT FMCSA PHONE: (877) 633-3633 FAX: (847) 647-6608

CDT UTC-5 FAX: (847) 647-6608

TEST RESULT: mro@med-stop.com

**NEGATIVE** 

TEST LAB PANEL:

MRO REMARKS: W215

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

EMPLOYEE / APPLICANT: NAME OF COMPANY / LOCATION:

VIVES RODRIGUEZ, ARMANDO ZIGI FREIGHT INC

DONOR ID: 6850 W 63RD STREET

FLV236 538 28 800 0 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 PAUL 06/26/2025 10:30 AM CDT UTC-5

SIGNATURE: MRO COPY BECAME AVAILABLE AT:

06/25/2025 10:50 AM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:

06/26/2025 10:32 AM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

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#### PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

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

PRE-EMPLOYMENT CF20613992 9950 LAWRENCE AVE STE 403

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

06/25/2025 10:39 AM DOT FMCSA PHONE: (877) 633-3633 FAX: (847) 647-6608

EMPLOYEE / APPLICANT: mro@med-stop.com

**VIVES RODRIGUEZ ARMANDO** 

DRUG CLASS	INITIAL SCREENING CUT-OFF LIMIT	CONFIRMATION CUT-OFF LIMIT  10 ng/mL
6-AM (10/10)	10 ng/mL	
AMP/MAMP (500/250)	500 ng/mL	250 ng/mL
COCAINE METABOLITE (150/100)	150 ng/mL	100 ng/mL
MARIJUANA METABOLITES (50/15)	50 ng/mL	15 ng/mL
COD/MOR (2000/2000)	2000 ng/mL	2000 ng/mL
OXYC/OXYM (100/100)	100 ng/mL	100 ng/mL
PHENCYCLIDINE (25/25)	25 ng/mL	25 ng/mL
MDMA/MDA (500/250)	500 ng/mL	250 ng/mL
HYC/HYM (300/100)	300 ng/mL	100 ng/mL

MEDICAL REVIEW OFFICER:

DATE / TIME THE RESULT BECAME AVAILABLE:

WIECINSKI PAUL

06/26/2025 10:32 AM CDT UTC-5

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

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Signature of Medical Review Officer



SPECIMEN ID NO. CLIENT NO	). YMS.DOT1.D282	28543		
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENT	TATIVE	ACCESS	SION NO.	
A. Employer Name, Address, I.D. No. NIKOLA STAMENKOVIC / ZIGI FREIGHT INC 6850 W 63RD ST CHICAGO, IL 60638 Phone#: (630)485-7370 / Fax#: (630)485-6980	Site Location	PAUL KWIECÍNSI MED-STOP INC 9950 LAWRENCE SCHILLER PARK,	IL 60176	
C. Donor SSN, Employee I.D. No., or CDL State and No. FL V2	36 538 28 8		83-3633 / Fax#: (847)647-6608 P.COM	
D. Specify Testing Authority: HHS NRC Specify DOT Ag  E. Reason for Test: X Pre-employment Random Reasonable Sus  F. Drug Tests to be Performed: X THC, COC, PCP, OPI, AMP  W215	ency: <b>X</b> FMCSA Expicion/Cause Post A			
G. Collection Site Address: Med Stop - Hickory Hills 7831 W 95th St Ste J Hickory Hills, IL 60457-2388	Collection Site Code: YMS.0003	Collector Contact Ir	Fax (708)295-9162 Other of info@med-stop.com	
STEP 2: COMPLETED BY COLLECTOR (make remarks when appr	opriate).	X URINE	ORAL FLUID	
COLLECTION: X Split Single None Provided, Enter Re	emark.			
URINE: Collector reads urine temperature within 4 minutes. Temperatur	e between 90° and 100°F?	X Yes N	o, Enter Remark Observed, Enter Remark	
ORAL FLUID: Split Type: Serial Concurrent Subdivided	Each Device Within Expir	<u></u>	No Volume Indicator(s) Observed	
REMARKS:	1		,	
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) STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY				
I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form v sealed, and released to the Delivery Service noted in accordance with applicable federal requirements.	1		UBE(S) RELEASED TO:	
Signature of Collector  Dorota Moniuszko 6/25/2025 10	AM <b>X</b> :39 CDT PM		X Other CRL Courier	
	of Collection	N	lame of Delivery Service	
STEP 5: COMPLETED BY DONOR				
I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner provided on this form and on the later affixed to each specimen bottle/tube is correct.	er; each specimen bottle/tube use	d was sealed with a tamper-evid	dent seal in my presence; and that the information	
× 10//		ES RODRIGUEZ	6/25/2025	
Signature of Donor	(PRINT) Donor's Na	me (First, MI, Last)	Date (Mo/Day/Yr)	
	a No. 7862440396	Evening Phone No. 786	52440396 Date of Birth (Mo/Day/Yr)	
After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.				
STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY	SPECIMEN	X URINE	ORAL FLUID	
In accordance with applicable federal requirements, my verification is:				
□ NEGATIVE □ POSITIVE for: □ DILUTE				
REFUSAL TO TEST because - check reason(s) below:  ADULTERATED (adulterant/reason):			☐ TEST CANCELLED	
SUBSTITUTED  OTHER:			_	
REMARKS:			_	
X				
Signature of Medical Review Officer		ficer's Name (First, MI, Last)	Date (Mo/Day/Yr)	
STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN				
In accordance with applicable federal requirements, my verification for the split specimen (if te	sieu) is:			
☐ RECONFIRMED for: ☐ FAILED TO RECONFIRM for: ☐			TEST CANCELLED	

(PRINT) Medical Review Officer's Name (First, MI, Last)

State Driver Licensing Agencies and MCSAP State Partners: Your login process has changed. To access the Clearinghouse, click the Log In button and enter your Login.gov email address and password. This is the same email address and password you use to log in to the FMCSA Portal, NOT the Portal user ID and password you previously used to access the Clearinghouse.

FMCSA personnel: Click U.S. DOT Enforcement Users link (under the Log In button) to log in using your PIV via MyAccess.

The login process for drivers, employers, MROs, and SAPs has not changed, these users will continue to log in using their Login.gov accounts.

Also, on Wednesday, **June 25, 2025**, from 6:00 pm to 10:00 pm Eastern Time, the Commercial Driver's License Information System (CDLIS) Gateway will be intermittently unavailable due to scheduled system maintenance. Clearinghouse users may experience issues verifying driver information during this maintenance time.

# CLEARINGHOUSE Query Detail



**Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)** 

**Query Result: Driver Not Prohibited** 

Query Status: Completed (6/25/2025 10:53:25)

Conducted By: Mateja Markovic | Query Type: Pre-employment | Query Submitted: Manually

#### **Driver Information**

Name: ARMANDO VIVES RODRIGUEZ

**Date of Birth: 2/1/1970** 

CDL/CLP :: US-FL-V236538288000

**Consent Information** 

**Requested:** 6/25/2025 10:02:02 **Recorded:** 6/25/2025 10:53:25

Status: Provided

Query History

Created: 6/25/2025 10:02:02 Completed: 6/25/2025 10:53:25 Query Result: Driver Not Prohibited

# **Open Violations**

**No Open Violations** 

# **LEARN MORE**

The Return-to-Duty Process

U.S. DEPARTMENT OF TRANSPORTATION

**Federal Motor Carrier Safety Administration** 

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

202-366-4000

Queries Violations RTD Profile

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**Information Collection #: OMB Control No. 2126-0057**