



---

**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:**

---

**10/9/2023 12:34 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:	MED-STOP MRO SERVICES
<b>PRE-EMPLOYMENT</b>	<b>CF14327953</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>10/5/2023 12:02 PM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
TEST RESULT:		<b>FAX: (847) 647-6608</b>
		<b>mro@med-stop.com</b>

**NEGATIVE**

TEST LAB PANEL:  
W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:  
**VALLE DIAZ, GUILLERMO**

DONOR ID:  
**TX48136822**

NAME OF COMPANY / LOCATION:  
**ZIGI FREIGHT INC**

**6850 W 63RD STREET**

**CHICAGO IL 60638**

LOCATION / COLLECTION SITE:  
**ARCPPOINT LABS OF FT LAUDERDA**

**3221 NW 10TH TER**

**FORT LAUDERDALE FL 33309**

**PHONE: (954) 667-7908**

LABORATORY PERFORMING TEST:  
**CLINICAL REFERENCE LABORATORY**

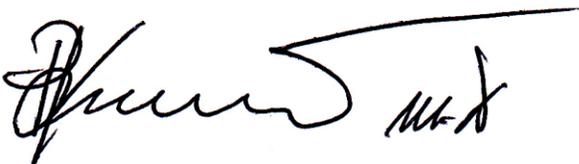
**8433 QUIVIRA**

**LENEXA KS 66215**

**PHONE: (800) 452-5677**

MEDICAL REVIEW OFFICER:  
**KWIECINSKI PAWEL K**

SIGNATURE:



LAB RESULT RECEIVED AT:  
**10/6/2023 11:53 AM**

MRO COPY BECAME AVAILABLE AT:  
**10/5/2023 11:15 AM**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**10/6/2023 12:01 PM**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





CF14327953

SPECIMEN ID NO.

CLIENT NO. YMS.CMKT.D2828543

ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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
B. MRO Name, Address, Phone No. and Fax No. PAWEL KWIECINSKI, MD (MRO4478) MED-STOP INC 9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176 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: FMCSA FAA FRA FTA PHMSA USCG
E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify)
F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify)
G. Collection Site Address: ARCpoint Labs of Fort 3221 NW 10th Ter Ste 508 Ft Lauderdale, FL 33309-5942
Collection Site Code: FGF.FORT
Collector Contact Info: Phone (954)667-7908 Fax (954)951-1539 Other MLasso@arcpointlabs.com

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

URINE ORAL FLUID

COLLECTION: 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)

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 was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable federal requirements.
Signature of Collector: Abby Smith 10/5/2023 12:02 EDT PM
SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: FedEx

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; each specimen bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle/tube is correct.
Signature of Donor: GUILLERMO VALLE DIAZ 10/5/2023
Email address: guillermovalled8@gmail.com Daytime Phone No. 6304857370 Evening Phone No. 6304857370 Date of Birth 12/19/1983

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

URINE ORAL FLUID

In accordance with applicable federal requirements, my verification is:
NEGATIVE POSITIVE for:
DILUTE
REFUSAL TO TEST because - check reason(s) below: TEST CANCELLED
ADULTERATED (adulterant/reason):
SUBSTITUTED
OTHER:
REMARKS:
Signature of Medical Review Officer (PRINT) Medical Review Officer'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 tested) is:
RECONFIRMED for: TEST CANCELLED
FAILED TO RECONFIRM for:
REMARKS:
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo/Day/Yr)

OMB No. 0930-0158