

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:

10/23/2023 9:22 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:

CF14327989

DOT FMCSA

**TESTING AUTHORITY:** 

PURPOSE OF TEST: **PRE-EMPLOYMENT** COLLECTION DATE / TIME:

10/19/2023 1:14 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:
ALEA DEL RISCO, ISMAEL	ZIGI FREIGHT INC
DONOR ID:	6850 W 63RD STREET
FLA434400644640	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	10/20/2023 3:57 PM
SIGNATURE:	MRO COPY BECAME AVAILABLE AT:
$\mathcal{O}$	10/19/2023 2:10 PM
Aluna mit	DATE / TIME THE RESULT BECAME AVAILABLE:
When when	10/20/2023 3:58 PM

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM		
C F 1 4 3 2 7 9 8 9	8433 Quivira Road Lenexa, KS 66215	
SPECIMEN ID NO. CLIENT NO. YMS.CMK STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE	ACCESSION NO.	
A. Employer Name, Address, I.D. No. Site Loca	ation B MRO Name Address Phone No. and Fay No.	
NIKOLA STAMENKOVIC	Address, Hone Ho. and Fax Ho.           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. Donor SSN, Employee I.D. No., or CDL State and No.	<b>4640</b> Phone#: (877)633-3633 / Fax#: (847)647-6608	
D. Specify Testing Authority: HHS NRC Specify DOT Agency: X FM 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		
G. Collection Site Address: ARCpoint Labs of Fort Collection Site	Code: Collector Contact Info: Phone (954)667-7908	
3221 NW 10th Ter Ste 508 FGF.FO	<b>RT</b> Fax (954)951-1539	
Ft Lauderdale, FL 33309-5942	Other MLasso@arcpointlabs.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	d 100°F? X Yes No, Enter Remark Observed, Enter Remark	
ORAL FLUID: Split Type: Serial Concurrent Subdivided Each Device Wit	thin 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 ini		
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED E	SY TEST FACILITY	
I certify that the specimen given to me by the dorp'r identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released go the Delivery Service toted in accordance with applicable federal requirements.		
	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:	
Signature of Collector	UPS X FedEx	
Abby Smith 10/19/2023 1:14 EDT PM X	Other	
(PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection		
	Name of Delivery Service	
STEP 5: COMPLETED BY DONOR	· · · ·	
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/ provided on this form and on the label affixed to each specimen bottle/tube is correct.	· · · ·	
I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen both provided on this form and on the abel affixed to each specimen both/tube is correct.	le/tube used was sealed with a tamper-evident seal in my presence; and that the information	
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I certify that I provided my-up specimen to the collector; that I have not adulterated it in any manner; each specimen both provided on the label affixed to each specimen both/tube is correct.         X       ISMAE         Signature of Dono       (PRINT) I         Email address:       N/A       Daytime Phone No.       689257         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 COF         STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN         In accordance with applicable federal requirements, my verification is:         M DILUTE         M DILUTE         M DILUTE         M DUL TERATED (adulterant/reason):         M DUL TERATED (adulterant/reason):         M DOTHER:         REMARKS:         X         Signature of Medical Review Officer         (PRINT) Medical         Step 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN	ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         Donor's Name (First, MI, Last)       Ile/19/2023         Date (Mo/Day/Yr)       Ile/24/1964         8706       Evening Phone No.       6892578706         Date of Birth       Ile/(Mo/Day/Yr)         orontact you to ask about prescriptions and over-the-counter medications you may have         NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on PY OF THE FORM. TAKE COPY S WITH YOU.         Image: Search and the information         Imag	
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I certify that I provided-my-ucine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle provided on this form and on the label affixed to each specimen bottle/tube is correct.  X ISMAE (PRINT) I Signature of Dono Email address: N/A Daytime Phone No. 689257 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: DILUTE DILUTE DILUTE CIPE SUBSTITUTED CIPE Signature of Medical Review Officer (PRINT) Medical Signature of Medical Review Officer (PRINT) Medical Signature of Medical Review Officer (PRINT) Medical In accordance with applicable federal requirements, my verification for the split specimen (if tested) is: DILUTE CIPE STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN In accordance with applicable federal requirements, my verification for the split specimen (if tested) is: DILUTE CIPE STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN CIPE STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN CIPE STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN CIPE STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN CIPE STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN CIPE STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN CIPE STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN CIPE STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN CIPE STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN CIPE STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN CIPE STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN CIPE STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN CIPE STEP 7: C	ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ile/tube used was sealed with a tamper-evident seal in my presence; and that the information         ill/tube used was about prescriptions and over-the-counter medications you may have         NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on	
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COPY 2 - MEDICAL REVIEW OFFICER COPY