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**MED-STOP MRO SERVICES**  
**9950 LAWRENCE AVE STE 403**  
**SCHILLER PARK IL 60176**  
**PHONE: (877) 633-3633**  
**FAX: (847) 647-6608**  
**EMAIL: mro@med-stop.com**

# MRO RESULT

**TO:**

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**RIKI TRANSPORTATION INC**  
**8225 LECLAIRE AVE**  
**BURBANK IL 60459**  
**PHONE: (973) 563-3159**  
**FAX: (630) 485-6980**

**ATTENTION TO:**

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**RADOSLAV KOVACEVIC**

**SUBJECT:**

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**URINE DRUG TESTING RESULTS**

**DOCUMENT CREATED AT:**

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**01/11/2024 09:19 AM CST UTC-6**

**PAGES:**

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**2**

**THIS SECURE FAX NUMBER HAS BEEN PROVIDED TO MED-STOP MRO SERVICES BY EMPLOYERS REPRESENTATIVE IDENTIFIED AS SAFETY OFFICER**

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**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>CF14328170</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>01/08/2024 02:47 PM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EST UTC-5</b>		<b>FAX: (847) 647-6608</b>
TEST RESULT:		<b>EMAIL: mro@med-stop.com</b>

**NEGATIVE**

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:  
**BARNETT, EUTON WALDRON**

DONOR ID:  
**FLB653219753080**

NAME OF COMPANY / LOCATION:  
**RIKI TRANSPORTATION INC**

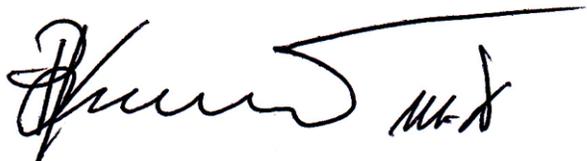
**8225 LECLAIRE AVE**  
**BURBANK IL 60459**

LOCATION / COLLECTION SITE:  
**ARCPPOINT LABS OF FORT LAUDER**  
**3221 NW 10TH TER STE 508**  
**FT LAUDERDALE FL 33309-5942**  
**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:  
**01/09/2024 03:10 PM CST UTC-6**

MRO COPY BECAME AVAILABLE AT:  
**01/08/2024 01:50 PM CST UTC-6**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**01/09/2024 03:13 PM CST UTC-6**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





C F 1 4 3 2 8 1 7 0

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D3119062

ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. KOVACEVIC RADOSLAV RIKI TRANSPORTATION INC 8225 LECLAIRE AVE BURBANK, IL 60459 Phone#: (973)563-3159 / Fax#: (630)485-6980		Site Location <b>FLB653219753080</b>	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: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG			
E. Reason for Test: <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____			
F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____ <b>W215</b>			
G. Collection Site Address: <b>ARCpoint Labs of Fort</b> <b>3221 NW 10th Ter Ste 508</b> <b>Ft Lauderdale, FL 33309-5942</b>	Collection Site Code: <b>FGF.FORT</b>	Collector Contact Info: Phone <b>(954)667-7908</b> Fax <b>(954)951-1539</b> Other <b>MLasso@arcpointlabs.com</b>	

OMB No. 0930-0158

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.

<input checked="" type="checkbox"/> Signature of Collector <b>Abby Smith</b> (PRINT) Collector's Name (First, MI, Last)	AM <b>1/8/2024</b> Date (Mo/Day/Yr)	PM <input checked="" type="checkbox"/> <b>2:47 EST</b> Time of Collection	<b>SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:</b> <input type="checkbox"/> UPS <input checked="" type="checkbox"/> FedEx <input type="checkbox"/> Other _____ Name of Delivery Service
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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.

<input checked="" type="checkbox"/> Signature of Donor	<b>EUTON W BARNETT</b> (PRINT) Donor's Name (First, MI, Last)	<b>1/8/2024</b> Date (Mo/Day/Yr)
Email address: <b>N/A</b>	Daytime Phone No. <b>2398985318</b>	Evening Phone No. <b>2398985318</b>
		<b>8/28/1975</b> 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

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: \_\_\_\_\_

<input checked="" type="checkbox"/> Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last)	/ / Date (Mo/Day/Yr)
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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: \_\_\_\_\_

<input checked="" type="checkbox"/> Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last)	/ / Date (Mo/Day/Yr)
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