

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:

RIKI TRANSPORTATION INC

8225 LECLAIRE AVE

BURBANK IL 60459

PHONE: (973) 563-3159

FAX: (630) 485-6980

ATTENTION TO:

RADOSLAV KOVACEVIC

SUBJECT:

URINE DRUG TESTING RESULTS

DOCUMENT CREATED AT:

02/21/2024 10:24 AM CST UTC-6

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

12240202554645 PAGE 1 OF 2

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

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

PRE-EMPLOYMENT CF13895211 9950 LAWRENCE AVE STE 403

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

02/02/2024 04:47 PM DOT FMCSA PHONE: (877) 633-3633 EST UTC-5 FAX: (847) 647-6608

TEST RESULT: EMAIL: mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: NAME OF COMPANY / LOCATION:

ANTONIO MARQUEZ, LINDLEY RIKI TRANSPORTATION INC

DONOR ID: 8225 LECLAIRE AVE

GA056041951 BURBANK IL 60459

LOCATION / COLLECTION SITE: LABORATORY PERFORMING TEST:

NOVA MEDICAL CENTERS - ATLANT CLINICAL REFERENCE LABORATORY

1005 VIRGINIA AVE STE 100 8433 QUIVIRA

ATLANTA GA 30354-1365 LENEXA KS 66215

PHONE: (404) 762-1001 PHONE: (800) 452-5677

MEDICAL REVIEW OFFICER:

LAB RESULT RECEIVED AT:

KWIECINSKI PAWEL K 02/03/2024 02:38 PM CST UTC-6

SIGNATURE: MRO COPY BECAME AVAILABLE AT:

02/02/2024 03:50 PM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:

02/03/2024 02:52 PM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR 40 REGULATIONS

un

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

12240202554645 PAGE 2 OF 2



					CRL. Market	place							
CF138	8952	1 1			formfox 8433 Quivira	Road							
SPECIMEN II			NT NO. YMS.DOT1		Lenexa, KS	66215							
A. Employer Name, Address		R EMPLOYER REPR			SION NO. ne, Address, Phone No. and Fax No								
KOVACEVIC RADOSLAV	S, 1.D. NO.		Site Loca		ie, Address, Phone No. and Fax No WIECINSKI, MD (MRO4478)).							
RIKI TRANSPORTATION	INC			MED-STO	P INC								
8225 LECLAIRE AVE BURBANK, IL 60459				9950 LAV SUITE 40	/RENCE AVE 3								
Phone#: (973)563-3159	/ Fax#: (630)4	85-6980 G	A056041951		R PARK, IL 60176 (877)633-3633 / Fax#: (847)647-6	608							
C. Donor SSN, Employee I.	D. No., or CDL S			FIIOTIC#.	(077)055-5055 / Tax#. (0 4 7)0 4 7-0	5000							
D. Specify Testing Authority	y: HHS	NRCSpecify D	OOT Agency: X FM	CSA FAA FRA	FTA PHMSA USCG								
E. Reason for Test: X Pre-		. <u>—</u>			, <u> </u>	ify)							
F. Drug Tests to be Perforn	_	, COC, PCP, OPI, AMF V215	THC & COC	Only Other (specif	y)								
	v	V215											
G. Collection Site Address:	Nova Medica	al Centers - Atlanta	Collection Site	Code: Collector Contact I	nfo: Phone (404)762-1001								
	1005 Virgini	a Ave Ste 100	8ER.10	00	Fax (404)762-1007								
	Atlanta, GA	30354-1365	_		Other atlantaairport@n-o-v-	-a.com							
STEP 2: COMPLETED BY	COLLECTOR (r	make remarks whe	n appropriate).	X URINE	ORAL FLUID								
COLLECTION: X Split	Single	None Provided, I	Enter Remark.										
URINE: Collector reads urin	e temperature v	within 4 minutes. Tem	perature between 90° and	1 100°F? X Yes N	o, Enter Remark Observed, Enter	Remark							
ORAL FLUID: Split Type:	Serial	Concurrent Subdiv	vided Each Device Wit	hin Expiration Date? Yes	No Volume Indicator(s)	Observed							
REMARKS:					<u> </u>								
STEP 3: Collector affixes se	eal(s) to bottle(s)/tube(s). Collector d	lates seal(s). Donor init	tials seal(s). Donor completes	STEP 5 on Copy 2 (MRO Copy)	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)							
			AND COMPLETED B	Y TEST FACILITY									
I certify that the specimen given to me by the sealed, and released to the Delivery Services	he donor identified in the	certification section on Copy 2 of											
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(PRINT) Medical Review Officer's Name (First, MI, Last) STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable federal requirements, my verification for the split specimen (if tested) is:

Signature of Medical Review Officer

RECONFIRMED for: FAILED TO RECONFIRM for:	TEST CANCELLED	
REMARKS:		
<u>x</u>		/ / /
Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last)	Date (Mo/Day/Yr)