



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:

05/09/2024 10:28 AM CDT UTC-5

PAGES:

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**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

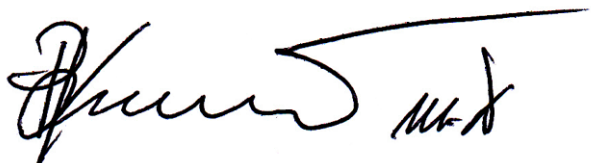
| | | |
|----------------------------|--------------------|----------------------------------|
| PURPOSE OF TEST: | SPECIMEN ID: | MED-STOP MRO SERVICES |
| PRE-EMPLOYMENT | QD26900070 | 9950 LAWRENCE AVE STE 403 |
| COLLECTION DATE / TIME: | TESTING AUTHORITY: | SCHILLER PARK IL 60176 |
| 02/15/2024 02:43 PM | DOT FMCSA | PHONE: (877) 633-3633 |
| CDT UTC-5 | | FAX: (847) 647-6608 |
| TEST RESULT: | | EMAIL: mro@med-stop.com |

NEGATIVE - DILUTE

TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:
GALVEZ, JOSE LUIS**DONOR ID:**
FLG412432740660**NAME OF COMPANY / LOCATION:**
RIKI TRANSPORTATION INC
8225 LECLAIRE AVE
BURBANK IL 60459**LOCATION / COLLECTION SITE:**
QUEST DIAGNOSTICS OAK HILLS P
7959 FREDERICKSBURG RD
SAN ANTONIO TX 78229
PHONE: (726) 239-8402**LABORATORY PERFORMING TEST:**
QUEST DIAGNOSTICS
10101 RENNER BLVD
LENEXA KS 66219
PHONE: (866) 697-8378**MEDICAL REVIEW OFFICER:**
KWIECINSKI PAWEL K**SIGNATURE:****LAB RESULT RECEIVED AT:**
02/16/2024 11:14 AM CDT UTC-5**MRO COPY BECAME AVAILABLE AT:**
02/16/2024 11:15 AM CDT UTC-5**DATE / TIME THE RESULT BECAME AVAILABLE:**
02/16/2024 11:15 AM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **QD26900070**

OMB No. 0930-0158

STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

Lab Acct #: 10783041

RIKI TRANSPORTATION INC
8225 LECLAIRE AVE
BURBANK, IL 60459
Phone: 973-563-3159 Fax: 630-485-6980TESTING AUTHORITY FMCSA
ACCOUNT NUMBER: 50180822235933

B. MRO Name, Address, Phone and Fax No.

PAWEL KWIECINSKI MD
9950 LAWRENCE AVE STE 403
SCHILLER PARK, IL 60176
Phone: 847-647-0453
Fax: 847-647-6608C. Donor SSN, Employee I.D., or CDL State and No. **FLG412432740660**D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCGE. 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:

AGNJ - Quest Diagnostics Oak Hills - 57286
7959 FREDERICKSBURG RD
SAN ANTONIO, TX 78229**57286-AGNJ**

Clinic ID

Collector Contact Info: Phone **726-239-8402**Fax **210-625-5703**

Other _____

STEP 2 : COMPLETED BY COLLECTOR (make remarks when appropriate).☒ URINE☐ ORAL FLUIDCollection: ☒ 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.

X

CATHY VILLOBOS

(PRINT) Collector's Name (First, MI, Last)

Signature of Collector

02 / 15 / 2024

Date (Mo./Day/Yr.)

2:43:39

Time of Collection

☐ AM
☒ PM**SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:**

QUEST

Name 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; each specimen bottle 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 is correct.

X

Signature of Donor

JOSE L GALVEZ

(PRINT) Donor's Name (First, MI, Last)

02 / 15 / 2024

Date (Mo./Day/Yr.)

Email _____ Day Phone (954) 895-4076 Evening Phone () Not Provided Date of Birth 02 / 26 / 1974

Date (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: _____

X

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: _____

X

Signature of Medical Review Officer

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

Date (Mo./Day/Yr.)

Query Detail

Query Overview

Employer Conducting Query: RIKI TRANSPORTATION INC (USDOT# 3119062)

Query Result: Driver Not Prohibited

Query Status: Completed (2/15/2024 9:49:44)

Conducted By: RADOSLAV KOVACEVIC | Query Type: Pre-employment | Query Submitted: Manually

Driver Information

Name: JOSE GALVEZ
Date of Birth: 2/26/1974
CDL/CLP ⓘ: US-FL-G412432740660

Consent Information

Requested: 2/15/2024 8:49:45
Recorded: 2/15/2024 9:49:44
Status: Provided

Query History

Created: 2/15/2024 8:49:45
Completed: 2/15/2024 9:49:44
Query Result: Driver Not Prohibited

Open Violations

No Open Violations