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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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**05/09/2024 10:46 AM CDT UTC-5**

**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>QD26796918</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>03/04/2024 11:55 AM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EDT UTC-4</b>		<b>FAX: (847) 647-6608</b>
TEST RESULT:		<b>EMAIL: mro@med-stop.com</b>

**NEGATIVE**

TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

**ATHIE, AMADOU**

DONOR ID:

**PA33353549**

NAME OF COMPANY / LOCATION:

**RIKI TRANSPORTATION INC****8225 LECLAIRE AVE****BURBANK IL 60459**

LOCATION / COLLECTION SITE:

**QUEST DIAGNOSTICS FRANKFORD****7528 FRANKFORD AVE****PHILADELPHIA PA 19136****PHONE: (215) 332-4293**

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:

**03/05/2024 11:58 AM CDT UTC-5**

MRO COPY BECAME AVAILABLE AT:

**03/05/2024 12:00 PM CDT UTC-5**

DATE / TIME THE RESULT BECAME AVAILABLE:

**03/05/2024 12:59 PM 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. **QD26796918**

OMB No. 0930-0158

## STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<b>A. Employer Name, Address, I.D. No.</b> RIKI TRANSPORTATION INC 8225 LECLAIRE AVE BURBANK, IL 60459 Phone: 973-563-3159 Fax: 630-485-6980		<b>Lab Acct #:</b> 10783041 <b>DER Name &amp; Phone #:</b> 7083035150 RADOSLAV KOVAC <b>TESTING AUTHORITY</b> FMCSA <b>ACCOUNT NUMBER:</b> 50180822235933	<b>B. MRO Name, Address, Phone and Fax No.</b> PAWEL KWIECINSKI MD 9950 LAWRENCE AVE STE 403 SCHILLER PARK, IL 60176 Phone: 847-647-0453 Fax: 847-647-6608
<b>C. Donor SSN, Employee I.D., or CDL State and No.</b> PA33353549			
<b>D. Specify Testing Authority:</b> <input type="checkbox"/> HHS <input type="checkbox"/> NRC <input checked="" type="checkbox"/> 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			
<b>E. Reason for Test:</b> <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) _____			
<b>F. Drug Tests to be Performed:</b> <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (Specify) _____			
<b>G. Collection Site Address:</b> HBK - Quest Diagnostics Philadelphia - 23613 7528 Frankford Ave Philadelphia, PA 19136		<b>Collector Contact Info:</b> Phone 410-879-3434 Fax 215-332-4295 Other _____	
		<b>23613-HBK</b> Clinic ID	

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

<b>Collection:</b> <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark _____		<input checked="" type="checkbox"/> URINE <input type="checkbox"/> ORAL FLUID
<b>URINE:</b> Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Enter Remark _____ Observed, Enter Remark _____		
<b>ORAL FLUID:</b> Split type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.		<b>SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:</b>	
<b>X</b>			
Kassandra Oquendo (PRINT) Collector's Name (First, MI, Last)	Signature of Collector 03 / 04 / 2024 Date (Mo./Day/Yr.)	11:55:05 Time of Collection	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		QUEST COURIER 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.			
<b>X</b>		AMADOU ATHIE	
Signature of Donor		(PRINT) Donor's Name (First, MI, Last)	
Email _____		Date (Mo./Day/Yr.) 03 / 04 / 2024	
Day Phone (267) 403-6663		Evening Phone ( ) Not Provided	
		Date of Birth 02 / 20 / 1997	
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

<input checked="" type="checkbox"/> URINE <input type="checkbox"/> ORAL FLUID	
In accordance with applicable Federal requirements, my verification is:	
<input type="checkbox"/> Negative <input type="checkbox"/> Positive for : _____	
<input type="checkbox"/> Dilute	
<input type="checkbox"/> Refusal to Test because - check reason(s) below: <input type="checkbox"/> TEST CANCELLED	
<input type="checkbox"/> ADULTERATED (adulterant/reason): _____	
<input type="checkbox"/> SUBSTITUTED	
<input type="checkbox"/> OTHER: _____	
REMARKS: _____	
<b>X</b>	
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:	
<input type="checkbox"/> RECONFIRMED for: _____ <input type="checkbox"/> TEST CANCELLED	
<input type="checkbox"/> FAILED TO RECONFIRM for: _____	
REMARKS: _____	
<b>X</b>	
Signature of Medical Review Officer	
(PRINT) Medical Review Officer's Name (First, MI, Last)	
Date (Mo./Day/Yr.)	

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (2/27/2024 15:05:22)

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

Driver Information

Name: AMADOU ATHIE  
Date of Birth: 2/20/1997  
CDL/CLP ⓘ: US-PA-33353549

Consent Information

Requested: 2/27/2024 15:02:21  
Recorded: 2/27/2024 15:05:22  
Status: Provided

Query History

Created: 2/27/2024 15:02:21  
Completed: 2/27/2024 15:05:22  
Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations