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:

03/15/2024 03:13 PM 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:
PRE-EMPLOYMENT

SPECIMEN ID:
QD25906064

COLLECTION DATE / TIME:
03/05/2024 10:46 AM EDT UTC-4

TESTING AUTHORITY:
DOT FMCSA

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

TEST RESULT:

NEGATIVE

TEST LAB PANEL:
65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:
FERNANDEZ VALENTIN, SIMON

DONOR ID:
OHUX272966

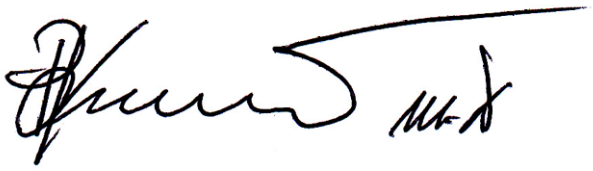
NAME OF COMPANY / LOCATION:
RIKI TRANSPORTATION INC
8225 LECLAIRE AVE
BURBANK IL 60459

LOCATION / COLLECTION SITE:
QUEST DIAGNOSTICS INSIDE WALM
3201 PRINCETON RD
FAIRFIELD TOWNSHIP OH 45011
PHONE: (513) 203-3070

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:
03/06/2024 01:44 PM CDT UTC-5

MRO COPY BECAME AVAILABLE AT:
03/06/2024 01:45 PM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:
03/06/2024 01:49 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. **QD25906064**

Quest Diagnostics™ 800-877-7484

OMB No. 0930-0158

STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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

RIKI TRANSPORTATION INC
8225 LECLAIRE AVE
BURBANK, IL 60459
Phone: 973-563-3159 Fax: 630-485-6980

Lab Acct #: 10783041
DER Name & Phone #: 7083035150 RADOSLAV KOVAC
TESTING 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: 847-647-6608

C. Donor SSN, Employee I.D., or CDL State and No. OHUX272966

D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☑ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. 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:

C6K - Quest Diagnostics Fairfield Township - 46245
3201 Princeton Rd
Fairfield Township, OH 45011

46245-C6K
Clinic ID

Collector Contact Info: Phone 513-203-3070
Fax 513-737-3652
Other

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.

X _____
Signature of Collector

Cashmere Stephens — (PRINT) Collector's Name (First, MI, Last)
03 / 05 / 2024 — Date (Mo./Day/Yr.)
10:46:02 — 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

SIMON FERNANDEZ VALENTIN — (PRINT) Donor's Name (First, MI, Last)

03 / 05 / 2024 — Date (Mo./Day/Yr.)

Email _____ Day Phone (732) 207-3971 Evening Phone ( ) Not Provided Date of Birth 08 / 06 / 1981 — 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.)