



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:

04/11/2024 02:10 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:	SPECIMEN ID:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	CF17162513	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
04/10/2024 03:52 PM	DOT FMCSA	PHONE: (877) 633-3633
CDT 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:
WRIGHT, CHRISTOPHER ARRON

DONOR ID:
KSK04259315

NAME OF COMPANY / LOCATION:
RIKI TRANSPORTATION INC

8225 LECLAIRE AVE

BURBANK IL 60459

LOCATION / COLLECTION SITE:
MED-STOP HICKORY HILLS

7831 W 95TH ST

HICKORY HILLS IL 60457

PHONE: (708) 546-0551

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:
04/11/2024 11:20 AM CDT UTC-5

MRO COPY BECAME AVAILABLE AT:
04/10/2024 03:55 PM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:
04/11/2024 11:22 AM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





C F 1 7 1 6 2 5 1 3

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D3119062

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

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

Site Location

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

KOVACEVIC RADOSLAV
RIKI TRANSPORTATION INC
8225 LECLAIRE AVE
BURBANK, IL 60459
Phone#: (973)563-3159 / Fax#: (630)485-6980PAWEL KWIECINSKI, MD (MRO4478)
MED-STOP INC
9950 LAWRENCE AVE
SUITE 403
SCHILLER PARK, IL 60176
Phone#: (877)633-3633 / Fax#: (847)647-6608**KS K04259315**

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

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) _____**W215**G. Collection Site Address: **Med Stop - Hickory Hills**

Collection Site Code:

Collector Contact Info: Phone **(708)546-0551****7831 W 95th St Ste J****YMS.0003**Fax **(708)295-9162****Hickory Hills, IL 60457-2388**Other **info@med-stop.com****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	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:	
	<input type="checkbox"/> UPS	<input type="checkbox"/> FedEx
Signature of Collector	<input checked="" type="checkbox"/> Other <u>CRL Courier</u>	
Agnieszka Horodowicz	4/10/2024	3:52 CDT PM X
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr)	Time of Collection
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/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.*

X	CHRISTOPHER A WRIGHT	4/10/2024
Signature of Donor	(PRINT) Donor's Name (First, MI, Last)	Date (Mo/Day/Yr)
Email address: <u>wrightchristopher53@gmail.com</u>	Daytime Phone No. <u>5049521949</u>	Evening Phone No. <u>5049521949</u> Date of Birth <u>11/10/1990</u>
		(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)

COPY 2 - MEDICAL REVIEW OFFICER COPY

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (4/10/2024 15:22:45)

Conducted By: Mateja Markovic | Query Type: Pre-employment | Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: CHRISTOPHER WRIGHT	Requested: 4/10/2024 15:22:09	Created: 4/10/2024 15:22:09
Date of Birth: 11/10/1990	Recorded: 4/10/2024 15:22:45	Completed: 4/10/2024 15:22:45
CDL/CLP ⓘ: US-KS-K04259315	Status: Provided	Query Result: Driver Not Prohibited

Open Violations

No Open Violations