



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:

04/26/2024 08:12 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	7934066375	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
04/24/2024 02:39 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:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:
RODRIGUEZ, OMAR JOSE

DONOR ID:
CAB4160007

NAME OF COMPANY / LOCATION:
RIKI TRANSPORTATION INC

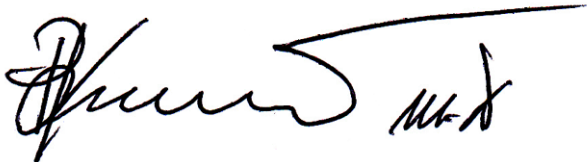
8225 LECLAIRE AVE
BURBANK IL 60459

LOCATION / COLLECTION SITE:
FAST PACE - THOMPSON'S STATIO
991 ELLISTON WAY
THOMPSONS STATION TN 37179
PHONE: (615) 257-3436

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:
04/25/2024 03:45 PM CDT UTC-5

MRO COPY BECAME AVAILABLE AT:
04/24/2024 03:05 PM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:
04/25/2024 03:48 PM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





SPECIMEN ID NO. 7934066375

Quest
Diagnostics™
800-877-7484

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. CAB4160007			
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC 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			
E. Reason for Test: <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) _____			
F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (Specify) _____			
G. Collection Site Address: Fast Pace - Thompson's STA TN - 53774 991 Elliston Way Thompson's Station, TN 37179		Collector Contact Info: Phone 615-257-3436 Fax 615-257-3437 Other _____	
		53774-TN895 Clinic ID	

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

Collection: <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
URINE: 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 _____	
ORAL FLUID: 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 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>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.</i>		SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:
X	Signature of Collector Beth Parsons (PRINT) Collector's Name (First, MI, Last)	FEDEX Name of Delivery Service
	04 / 24 / 2024 Date (Mo./Day/Yr.)	
	2:39:32 Time of Collection	
	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

STEP 5: COMPLETED BY DONOR

<i>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.</i>	
X	Signature of Donor OMAR J RODRIGUEZ (PRINT) Donor's Name (First, MI, Last)
	04 / 24 / 2024 Date (Mo./Day/Yr.)
Email _____	Day Phone (973) 563-3159 Evening Phone (626) 829-2829 Date of Birth 11 / 10 / 1966 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

X	<input checked="" type="checkbox"/> URINE <input type="checkbox"/> ORAL FLUID
<i>In accordance with applicable Federal requirements, my verification is:</i>	
<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: _____	
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

<i>In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:</i>	
<input type="checkbox"/> RECONFIRMED for: _____ <input type="checkbox"/> TEST CANCELLED	
<input type="checkbox"/> 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 (4/24/2024 12:39:40)

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

Driver Information

Name: OMAR RODRIGUEZ
Date of Birth: 11/10/1966
CDL/CLP ⓘ: US-CA-B4160007

Consent Information

Requested: 4/24/2024 12:06:09
Recorded: 4/24/2024 12:39:40
Status: Provided

Query History

Created: 4/24/2024 12:06:09
Completed: 4/24/2024 12:39:40
Query Result: Driver Not Prohibited

Open Violations

No Open Violations