

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:

05/23/2024 08:41 AM CDT UTC-5

PAGES:

2

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

12240520085574 PAGE 1 OF 2

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST: SPECIMEN ID: MED-STOP MRO SERVICES

PRE-EMPLOYMENT 7945650313 9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME: TESTING AUTHORITY: SCHILLER PARK IL 60176

05/20/2024 12:12 PM DOT FMCSA PHONE: (877) 633-3633 EDT UTC-4 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: NAME OF COMPANY / LOCATION:

SANCHEZ PRADO, ROBERTO RIKI TRANSPORTATION INC

DONOR ID: 8225 LECLAIRE AVE

FLS522720713720 BURBANK IL 60459

LOCATION / COLLECTION SITE: LABORATORY PERFORMING TEST:

XPRESS URG CARE - LAUDERHILL QUEST DIAGNOSTICS

7229 W OAKLAND PARK BLVD 10101 RENNER BLVD

LAUDERHILL FL 33313 LENEXA KS 66219

PHONE: (954) 824-2616 PHONE: (866) 697-8378

MEDICAL REVIEW OFFICER: LAB RESULT RECEIVED AT:

KWIECINSKI PAWEL K 05/22/2024 02:16 PM CDT UTC-5

SIGNATURE: MRO COPY BECAME AVAILABLE AT:

05/22/2024 02:20 PM CDT UTC-5

 ${\bf DATE\,/\,TIME\,THE\,RESULT\,BECAME\,AVAILABLE:}$

05/22/2024 02:21 PM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR 40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE BIRING BIRIN

12240520085574 PAGE 2 OF 2



SPECIMEN ID NO. **7945650313**

Quest Diagnostics** 800-877-7484	OMB
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	No 0930- 0158
FTA PHMSA USCG	8
one _954-824-2616 Fax _754-667-4007	
ner	
d, Enter Remark lume Indicator(s) Observed	
EP 5 on Copy 2 (MRO Copy) CIMEN BOTTLE(S)/TUBE(S) RELEASED TO:	
FEDEX Name of Delivery Service	
dent seal in my presence; and that the information provided	
05 / 20 / 2024 Date (Mo./Day/Yr.)	
Date of Birth 10 12 1971 Date (Mo./Day/Yr.) stions and over-the-counter medications you may use to make a list, do so either on a separate piece of	
M. TAKE COPY 5 WITH YOU.	

A. Employer Name, Address, I.D. No.					AND CONTRACTOR OF THE PROPERTY				
	Lab Acct #: 1078	3041	В		ss, Phone and Fax No.				
DIKI TRANSPORTATION INC	DER Name & Phone #: 708	33035150 RADOSLAV	KOVAC	PAWEL KWIECIN	TOTAL WATER TOTAL CONTROL OF THE PARTY OF TH				
RIKI TRANSPORTATION INC	TESTING AUTHORITY FM			9950 LAWRENCE					
6225 LEGLAINE AVE	ACCOUNT NUMBER: 501			SCHILLER PARK					
BURBANK, IL 60459 Phone: 973-563-3159, Fav: 630-485-6980		. SSSEMESOOO		Phone: 847-647-0					
Phone: 973-563-3159 Fax: 630-485-6980	00712720			Fax: 847-647-660	O				
C. Donor SSN, Employee I.D., or CDL State and No. FLS52272	STAGE SERVICE								
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:		Collector C	Contact Info: Pho	ne 954-824-2616	}				
Xpress Urg Care - Lauderhill - 55105	55105-FL07	6							
7229 W Oakland Park Blvd Ste 101		55 to 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	F	Fax _ 754-667-4007					
Lauderhill. FL 33313	Clinic ID		Oth	ier					
STEP 2 : COMPLETED BY COLLECTOR (make remarks whe	n appropriate)	✓ URIN	Е □о	RAL FLUID					
Collection: Split Single None Provided, Enter F	ROOMS SHOW 2	[# S.M.							
URINE: Collector reads urine temperature within 4 minutes. Temperatur	7		 						
ORAL FLUID: Split type: Serial Concurrent Sub-	divided Each Device Within E	xpiration Date? Yes	No Vol	ume Indicator(s) Obser	ved				
REMARKS:									
		32 (1803) 10 (180 N - 180 N	C2 - W1						
STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Coll			or completes STE	P 5 on Copy 2 (M	RO Copy)				
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTO									
I certify that the specimen given to me by the donor identified in the certificate released to the Delivery Service noted in accordance with applicable Feder		was collected, labeled, seale	ed and SPEC	IMEN BOTTLE(S	/TUBE(S) RELEASED TO:				
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- LINGUL L			I						
X			I						
ADD AD	of Collector		ПАМ						
Jariah Green 05	/ 20 / 2024	12:12:10	₽ ₩	FI	EDEX				
(PRINT) Collector's Name (First, Ml, Last)	Date (Mo./Day/Yr.)	Time of Collection	_	Name of D	elivery Service				
STEP 5: COMPLETED BY DONOR	× × ×								
I certify that I provided my urine specimen to the collector; that I have not a	ndulterated it in any manner; each sp	ecimen bottle used was sea	led with a tamper-evio	lent seal in my presence	e; and that the information provided				
on this form and on the label affixed to each specimen bottle is correct.									
Satisfies					, ,				
X	R	OBERTO SANCHEZ P	PRADO	(05 / 20 / 2024				
Signature of Donor	(P	RINT) Donor's Name (First,	Mi, Last)		Date (Mo./Day/Yr.)				
Email Day	Phone (973) 563-3159	Evening Phone (786) 337-5007	Date of Birth 1	10 / 12 / 1971				
Day	. none (<u>310) 000-0103</u>		1001 0001	Jaio of Diffit	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							
have taken. Therefore, you may want to make a list of those medi	cations for your own records. T	HIS LIST ÍS NOT NÉCES	SARY. If you choo						
have taken. Therefore, you may want to make a list of those medi paper or on the back of your copy (Copy 5), - DO NOT PROVIDE	cations for your own records. T THIS INFORMATION ON THE E	HIS LIST ÍS NOT NÉCES BACK OF ANY OTHER C	SARY. If you choo OPY OF THE FORI	M. TAKE COPY 5 W					
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