



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:

05/29/2024 01:09 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	CF17197019	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
05/28/2024 03:09 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:
SANTIAGO, DWAYNE**DONOR ID:**
FLS532160944180**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:**
05/29/2024 11:05 AM CDT UTC-5**MRO COPY BECAME AVAILABLE AT:**
05/28/2024 03:15 PM CDT UTC-5**DATE / TIME THE RESULT BECAME AVAILABLE:**
05/29/2024 11:24 AM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





C F 1 7 1 9 7 0 1 9

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

FL S532160944180

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)546-05517831 W 95th St Ste J

YMS.0003

Fax (708)295-9162Hickory Hills, IL 60457-2388Other info@med-stop.com

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

☒ URINE☐ ORAL FLUIDCOLLECTION: ☒ 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 RemarkORAL 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.

<input checked="" type="checkbox"/> X		SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:	
		<input type="checkbox"/> UPS	<input type="checkbox"/> FedEx
Signature of Collector		<input checked="" type="checkbox"/> Other CRL Courier	
Agnieszka Horodowicz	5/28/2024	3:09 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.

<input checked="" type="checkbox"/> X		DWAYNE SANTIAGO	5/28/2024
		(PRINT) Donor's Name (First, MI, Last)	Date (Mo/Day/Yr)
Signature of Donor		11/18/1994	
Email address: dwaynesantiago005@gmail.com		Daytime Phone No. 9597770708	Evening Phone No. 9597770708 Date of Birth (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

Queries Conducted

Displaying 1-1 of 1,124 | Page: 1 ▼

Download Query History

Conduct Query

DWAYNE SANTIAGO (US-FL-S532160944180)

Record ID: QUERY.2TKP33.78E5 📌

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

Query Result: Driver Not Prohibited

Query Status: Completed (5/28/2024 14:50:02)

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

Driver Information

Name: DWAYNE SANTIAGO
Date of Birth: 11/18/1994
CDL/CLP ⓘ: US-FL-S532160944180

Consent Information

Requested: 5/28/2024 14:47:27
Recorded: 5/28/2024 14:50:02
Status: Provided

Query History

Created: 5/28/2024 14:47:27
Completed: 5/28/2024 14:50:02
Query Result: Driver Not Prohibited

View Query Details