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**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:**

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**RIKI TRANSPORTATION INC**  
**8225 LECLAIRE AVE**  
**BURBANK IL 60459**  
**PHONE: (973) 563-3159**  
**FAX: (630) 485-6980**

**ATTENTION TO:**

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**RADOSLAV KOVACEVIC**

**SUBJECT:**

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**URINE DRUG TESTING RESULTS**

**DOCUMENT CREATED AT:**

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**06/28/2024 01:45 PM CDT UTC-5**

**PAGES:**

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**2**

**THIS SECURE FAX NUMBER HAS BEEN PROVIDED TO MED-STOP MRO SERVICES BY EMPLOYERS  
REPRESENTATIVE IDENTIFIED AS SAFETY OFFICER**

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**PLEASE FORWARD TO THE SAFETY OFFICER**

**CONFIDENTIAL**

# RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
<b>PRE-EMPLOYMENT</b>	<b>QD27288821</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>06/25/2024 01:09 PM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EDT UTC-4</b>		<b>FAX: (847) 647-6608</b>
TEST RESULT:		<b>EMAIL: mro@med-stop.com</b>

**NEGATIVE**

TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:  
**MEJIA RAMIREZ, WILLIAM FABIO**

DONOR ID:  
**FLM265926711910**

NAME OF COMPANY / LOCATION:  
**RIKI TRANSPORTATION INC**

**8225 LECLAIRE AVE**  
**BURBANK IL 60459**

LOCATION / COLLECTION SITE:  
**QUEST DIAGNOSTICS ORLANDO SA**  
**9350 TURKEY LAKE ROAD**  
**ORLANDO FL 32819**  
**PHONE: (407) 370-2139**

LABORATORY PERFORMING TEST:  
**QUEST DIAGNOSTICS**  
**10101 RENNER BLVD**  
**LENEXA KS 66219**  
**PHONE: (800) 877-7484**

MEDICAL REVIEW OFFICER:  
**KWIECINSKI PAWEL K**

SIGNATURE:



LAB RESULT RECEIVED AT:  
**06/26/2024 05:03 PM CDT UTC-5**

MRO COPY BECAME AVAILABLE AT:  
**06/26/2024 05:05 PM CDT UTC-5**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**06/27/2024 07:37 AM 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. **QD27288821**

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: 847-647-6608C. Donor SSN, Employee I.D., or CDL State and No. **FLM265926711910**D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCGE. 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:

GLO - Quest Diagnostics Orlando Sandlake - 57575  
9350 Turkey Lake Road Ste 200  
Orlando, FL 32819**57575-GLO**

Clinic ID

Collector Contact Info: Phone **321-468-6348**Fax **407-370-2491**

Other \_\_\_\_\_

## 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 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

Kessler Quarterman

(PRINT) Collector's Name (First, MI, Last)

Signature of Collector

06 / 25 / 2024

Date (Mo./Day/Yr.)

1:09:46

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

WILLIAM F MEJIARAMIREZ

(PRINT) Donor's Name (First, MI, Last)

06 / 25 / 2024

Date (Mo./Day/Yr.)

Email \_\_\_\_\_ Day Phone (973) 563-3159 Evening Phone (321) 315-6408 Date of Birth 05 / 31 / 1971

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.)

# Query Detail

## Query Overview

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

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (6/25/2024 9:48:18)

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

### Driver Information

**Name:** WILLIAM MEJIA RAMIREZ  
**Date of Birth:** 5/31/1971  
**CDL/CLP ⓘ:** US-FL-M265926711910

### Consent Information

**Requested:** 6/25/2024 9:35:40  
**Recorded:** 6/25/2024 9:48:18  
**Status:** Provided

### Query History

**Created:** 6/25/2024 9:35:40  
**Completed:** 6/25/2024 9:48:18  
**Query Result:** Driver Not Prohibited

## LEARN MORE

 The Return-to-Duty Process

## Open Violations

No Open Violations