



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:

07/12/2024 10:10 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 | QD28241289 | 9950 LAWRENCE AVE STE 403 |
| COLLECTION DATE / TIME: | TESTING AUTHORITY: | SCHILLER PARK IL 60176 |
| 07/08/2024 01:56 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:
BANEGAS MELGAR, JUAN JOSE**DONOR ID:**
TX42874235**NAME OF COMPANY / LOCATION:**
RIKI TRANSPORTATION INC**8225 LECLAIRE AVE**
BURBANK IL 60459**LOCATION / COLLECTION SITE:**
QUEST DIAGNOSTICS VETERANS B
4704 VETERANS MEMORIAL BLVD
METAIRIE LA 70006
PHONE: (504) 872-7502**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:**
07/09/2024 11:31 AM CDT UTC-5**MRO COPY BECAME AVAILABLE AT:**
07/09/2024 11:35 AM CDT UTC-5**DATE / TIME THE RESULT BECAME AVAILABLE:**
07/09/2024 11:54 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. **QD28241289**

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: 847-647-6608**C. Donor SSN, Employee I.D., or CDL State and No.**

TX42874235

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:**2FC - Quest Diagnostics Veterans Boulevard - 56289
4704 Veterans Memorial Blvd Suite 100
Metairie, LA 70006**56289-2FC**

Clinic ID

Collector Contact Info: Phone 504-872-5182**Fax** 866-677-0543**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

Signature of Collector

Wanda St. Martin

07 / 08 / 2024

1:56:06

☐ AM
☒ PM

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

Date (Mo./Day/Yr.)

Time of Collection

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

JUAN J BANEGASMELGAR

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

07 / 08 / 2024

Date (Mo./Day/Yr.)

Email

Day Phone (973) 563-3159

Evening Phone (504) 295-1968

Date of Birth

06 / 12 / 1979

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 (7/8/2024 13:07:06)

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

Driver Information

Name: JUAN BANEGAS MELGAR
Date of Birth: 6/12/1979
CDL/CLP ⓘ: US-TX-42874235


Consent Information

Requested: 7/8/2024 12:42:00
Recorded: 7/8/2024 13:07:06
Status: Provided

Query History

Created: 7/8/2024 12:42:00
Completed: 7/8/2024 13:07:06
Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations