



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:

09/13/2024 05:07 PM 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

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	7919633791	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
09/06/2024 12:11 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:
FLAX, DORNOIR EVAN**DONOR ID:**
CAD3123116**NAME OF COMPANY / LOCATION:**
RIKI TRANSPORTATION INC**8225 LECLAIRE AVE**
BURBANK IL 60459**LOCATION / COLLECTION SITE:**
THOMAS MEDICAL CLINIC
575 E. CENTRAL AVE.
WINTER HAVEN FL 33880
PHONE: (863) 299-5424**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:**
09/09/2024 04:44 PM CDT UTC-5**MRO COPY BECAME AVAILABLE AT:**
09/06/2024 12:49 PM CDT UTC-5**DATE / TIME THE RESULT BECAME AVAILABLE:**
09/09/2024 04:45 PM 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. 7919633791

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. CAD3123116

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:

THOMAS MEDICAL CLINIC - 32081
575 E CENTRAL AVE
WINTER HAVEN, FL 33880

32081-CC681

Clinic ID

Collector Contact Info: Phone 863-299-5424

Fax 863-299-8455

Other

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

☒ URINE☐ ORAL FLUIDCollection: ☒ Split ☐ Single ☐ None Provided, Enter RemarkURINE: 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 in accordance with applicable Federal requirements.

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

X

Gloria Buits

Signature of Collector

09 / 06 / 2024

12:11:18

☐ AM
☒ PM

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

Date (Mo./Day/Yr.)

Time of Collection

QUEST COURIER

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

DORNOIR E FLAX

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

09 / 06 / 2024

Date (Mo./Day/Yr.)

Email _____ Day Phone (973) 563-3159 Evening Phone (909) 644-3020 Date of Birth 11 / 09 / 1984

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:☐ ADULTERATED (adulterant/reason):☐ SUBSTITUTED☐ OTHER:☐ TEST CANCELLED

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 Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (9/6/2024 9:39:51)

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

Driver Information

Name: DORNOIR FLAX
Date of Birth: 11/9/1984
CDL/CLP ⓘ: US-CA-D3123116

Consent Information

Requested: 9/6/2024 9:26:45
Recorded: 9/6/2024 9:39:51
Status: Provided

Query History

Created: 9/6/2024 9:26:45
Completed: 9/6/2024 9:39:51
Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations