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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. KOVACEVIC RADOSLAV / RIKI TRANSPORTATION INC 8225 LECLAIRE AVE BURBANK, IL 60459 Phone#: (973)563-3159 / Fax#: (630)485-6980		Site Location	B. MRO Name, Address, Phone No. and Fax No. PAWEL KWIECINSKI, MD (MRO4478) MED-STOP INC 9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176 Phone#: (877)633-3633 / Fax#: (847)647-6608 MRO@MED-STOP.COM	
C. Donor SSN, Employee I.D. No., or CDL State and No. <b>IN 3900125720</b>				
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG				
E. Reason for Test: <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____				
F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____ <b>W215</b>				
G. Collection Site Address: <b>Med Stop - Hickory Hills</b> <b>7831 W 95th St Ste J</b> <b>Hickory Hills, IL 60457-2388</b>		Collection Site Code: <b>YMS.0003</b>	Collector Contact Info: Phone <b>(708)546-0551</b> Fax <b>(708)295-9162</b> Other <b>info@med-stop.com</b>	

OMB No. 0930-0158

**STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).**☒ URINE☐ ORAL FLUID

COLLECTION: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.	
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark	
ORAL FLUID: Split Type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided	Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <u>Agnieszka Horodowicz</u> Signature of Collector		SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input checked="" type="checkbox"/> Other <u>CRL Courier</u> Name of Delivery Service	
Agnieszka Horodowicz (PRINT) Collector's Name (First, MI, Last)	10/21/2024 Date (Mo/Day/Yr)	2:48 CDT PM X Time of Collection	

**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.

X <u>/ /</u> Signature of Donor	DONDEL EMANUEL ROMELL (PRINT) Donor's Name (First, MI, Last)	10/21/2024 Date (Mo/Day/Yr)
Email address: <u>dirtyjob3@gmail.com</u>	Daytime Phone No. <u>7737077109</u> Evening Phone No. <u>7737077109</u>	Date of Birth <u>1/23/1980</u> (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: <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE for: _____ <input type="checkbox"/> DILUTE	
<input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below: <input type="checkbox"/> TEST CANCELLED <input type="checkbox"/> ADULTERATED (adulterant/reason): _____ <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> OTHER: _____	
REMARKS: _____	
X _____ Signature of Medical Review Officer	_____ (PRINT) Medical Review Officer's Name (First, MI, Last)

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN**

In accordance with applicable federal requirements, my verification for the split specimen (if tested) is:

<input type="checkbox"/> RECONFIRMED for: _____ <input type="checkbox"/> TEST CANCELLED <input type="checkbox"/> FAILED TO RECONFIRM for: _____	
REMARKS: _____	
X _____ Signature of Medical Review Officer	_____ (PRINT) Medical Review Officer's Name (First, MI, Last)

COPY 2 - MEDICAL REVIEW OFFICER COPY



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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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**10/23/2024 11:12 AM 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>CF17201766</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>10/21/2024 02:48 PM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>CDT UTC-5</b>		<b>FAX: (847) 647-6608</b>
TEST RESULT:		<b>EMAIL: mro@med-stop.com</b>

**NEGATIVE**

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

**EMPLOYEE / APPLICANT:**  
**EMANUEL ROMELL, DONDEL****DONOR ID:**  
**IN3900125720****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:**  
**10/22/2024 11:49 AM CDT UTC-5****MRO COPY BECAME AVAILABLE AT:**  
**10/21/2024 02:50 PM CDT UTC-5****DATE / TIME THE RESULT BECAME AVAILABLE:**  
**10/22/2024 12:10 PM CDT UTC-5**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



RESULTS OF SAMSHA (NIDA) CONTROLLED TEST


PURPOSE OF TEST: <b>PRE-EMPLOYMENT</b>	SPECIMEN ID: <b>CF17201766</b>	MED-STOP MRO SERVICES 9950 LAWRENCE AVE STE 403 SCHILLER PARK IL 60176 PHONE: (877) 633-3633 FAX: (847) 647-6608 mro@med-stop.com
COLLECTION DATE / TIME: <b>10/21/2024 02:48 PM</b> <b>CDT UTC-5</b>	TESTING AUTHORITY: <b>DOT FMCSA</b>	
TEST RESULT: <b>NEGATIVE</b>		

MRO REMARKS:	TEST LAB PANEL: W215
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THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: <b>EMANUEL ROMELL, DONDEL</b>	NAME OF COMPANY / LOCATION: <b>RIKI TRANSPORTATION INC</b>
DONOR ID: <b>IN3900125720</b>	<b>8225 LECLAIRE AVE</b> <b>BURBANK IL 60459</b>

LOCATION / COLLECTION SITE: <b>MED-STOP HICKORY HILLS</b> <b>7831 W 95TH ST</b> <b>HICKORY HILLS IL 60457</b> <b>PHONE: (708) 546-0551</b>	LABORATORY PERFORMING TEST: <b>CLINICAL REFERENCE LABORATORY</b> <b>8433 QUIVIRA</b> <b>LENEXA KS 66215</b> <b>PHONE: (800) 452-5677</b>
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MEDICAL REVIEW OFFICER: <b>KWIECINSKI PAWEL K</b>	LAB RESULT RECEIVED AT: <b>10/22/2024 11:49 AM CDT UTC-5</b>
SIGNATURE: 	MRO COPY BECAME AVAILABLE AT: <b>10/21/2024 02:50 PM CDT UTC-5</b>
	DATE / TIME THE RESULT BECAME AVAILABLE: <b>10/22/2024 12:10 PM CDT UTC-5</b>

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE	
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## PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:

**PRE-EMPLOYMENT**

SPECIMEN ID:

**CF17201766**

MED-STOP MRO SERVICES

9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME:

**10/21/2024 02:48 PM**

TESTING AUTHORITY:

**DOT FMCSA**

SCHILLER PARK IL 60176

PHONE: (877) 633-3633

**CDT UTC-5**

FAX: (847) 647-6608

EMPLOYEE / APPLICANT:

mro@med-stop.com

**EMANUEL ROMELL DONDEL**

DRUG CLASS

INITIAL SCREENING CUT-OFF LIMIT

CONFIRMATION CUT-OFF LIMIT

6-AM (10/10)	10 ng/mL	10 ng/mL
AMP/MAMP (500/250)	500 ng/mL	250 ng/mL
COCAINE METABOLITE (150/100)	150 ng/mL	100 ng/mL
MARIJUANA METABOLITES (50/15)	50 ng/mL	15 ng/mL
COD/MOR (2000/2000)	2000 ng/mL	2000 ng/mL
OXYC/OXYM (100/100)	100 ng/mL	100 ng/mL
PHENCYCLIDINE (25/25)	25 ng/mL	25 ng/mL
MDMA/MDA (500/250)	500 ng/mL	250 ng/mL
HYC/HYM (300/100)	300 ng/mL	100 ng/mL

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAWEL K**

DATE / TIME THE RESULT BECAME AVAILABLE:

**10/22/2024 12:10 PM CDT UTC-5**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



# DRUG & ALCOHOL CLEARINGHOUSE



## Query Detail

### Query Overview

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

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (10/21/2024 13:56:02)

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

#### Driver Information

**Name:** EMANUEL DONDLE

**Date of Birth:** 1/23/1980

**CDL/CLP** ⓘ : US-IN-3900125720

#### Consent Information

**Requested:** 10/21/2024 13:55:09

**Recorded:** 10/21/2024 13:56:02

**Status:** Provided

#### Query History

**Created:** 10/21/2024 13:55:09

**Completed:** 10/21/2024 13:56:02

**Query Result:** Driver Not Prohibited

### Open Violations

No Open Violations

### LEARN MORE

■ [The Return-to-Duty Process](#)

U.S. DEPARTMENT OF TRANSPORTATION

**Federal Motor Carrier Safety Administration**

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

202-366-4000

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