



C F 1 7 2 0 3 4 8 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. 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. IL M24500460127				
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)				
W215				
G. Collection Site Address: Med Stop - Hickory Hills 7831 W 95th St Ste J Hickory Hills, IL 60457-2388		Collection Site Code: YMS.0003	Collector Contact Info: Phone (708)546-0551 Fax (708)295-9162 Other info@med-stop.com	

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 Signature of Collector Anna Bodyziak (PRINT) Collector's Name (First, MI, Last)	1/3/2025 Date (Mo/Day/Yr)	11:14 CST PM Time of Collection	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input checked="" type="checkbox"/> Other CRL 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/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 Signature of Donor Alex MacLing (PRINT) Donor's Name (First, MI, Last)	1/3/2025 Date (Mo/Day/Yr)
Email address: alexdotmc@gmail.com	5/3/1960 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: <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"/> 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)	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:

<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)
Date (Mo/Day/Yr)	

COPY 2 - MEDICAL REVIEW OFFICER COPY



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:

01/06/2025 11:50 AM CST UTC-6

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	CF17203489	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
01/03/2025 11:14 AM	DOT FMCSA	PHONE: (877) 633-3633
CST UTC-6		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:

MACLIING, ALEX

DONOR ID:

ILM24500460127

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:

01/04/2025 09:52 AM CST UTC-6

MRO COPY BECAME AVAILABLE AT:

01/03/2025 11:20 AM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:

01/04/2025 10:25 AM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



RESULTS OF SAMSHA (NIDA) CONTROLLED TEST


PURPOSE OF TEST: PRE-EMPLOYMENT	SPECIMEN ID: CF17203489	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: 01/03/2025 11:14 AM CST UTC-6	TESTING AUTHORITY: DOT FMCSA	
TEST RESULT: NEGATIVE		

MRO REMARKS:	TEST LAB PANEL: W215
--------------	-------------------------

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: MACLIING, ALEX	NAME OF COMPANY / LOCATION: RIKI TRANSPORTATION INC
DONOR ID: ILM24500460127	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	LAB RESULT RECEIVED AT: 01/04/2025 09:52 AM CST UTC-6
SIGNATURE: 	MRO COPY BECAME AVAILABLE AT: 01/03/2025 11:20 AM CST UTC-6
	DATE / TIME THE RESULT BECAME AVAILABLE: 01/04/2025 10:25 AM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE	
--	--

PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	CF17203489	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
01/03/2025 11:14 AM	DOT FMCSA	PHONE: (877) 633-3633
CST UTC-6		FAX: (847) 647-6608
EMPLOYEE / APPLICANT:		mro@med-stop.com
MACLIING ALEX		

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:
01/04/2025 10:25 AM CST UTC-6

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 (1/3/2025 11:39:03)

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

Driver Information

Name: ALEX MACLIING

Date of Birth: 5/3/1960

CDL/CLP ⓘ : US-IL-M24500460127

Consent Information

Requested: 1/3/2025 11:36:51

Recorded: 1/3/2025 11:39:03

Status: Provided

Query History

Created: 1/3/2025 11:36:51

Completed: 1/3/2025 11:39:03

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

Subscribe To Email Update



About

About FMCSA

Registration

Queries

Violations

RTD

Profile

Safety
Analysis
Careers
FMCSA Portal

News and Events

FMCSA Newsroom
Press Releases
Speeches
Testimony
Events

Resources

Resources for Carriers
Resources for Consumers
Resources for Drivers
Forms
Contact Us

Policies, Rights, Legal

About DOT
Budget and Performance
Civil Rights
FOIA
Information Quality
No FEAR Act
Office of Inspector General
Privacy Policy
Vulnerability Disclosure Policy
USA.gov
Web Policies and Notices
Web Standards

Information Collection #: OMB Control No. 2126-0057

Queries	Violations	RTD	Profile
---------	------------	-----	---------