



C F 1 7 2 0 2 8 1 7

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. HI H01108071 | | | | |
| 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 Malgorzata Bodyziak (PRINT) Collector's Name (First, MI, Last) | 1/8/2025 Date (Mo/Day/Yr) | 12:10 CST PM X 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 | JOEY C TOLENTINO (PRINT) Donor's Name (First, MI, Last) | 1/8/2025 Date (Mo/Day/Yr) |
| Email address: joeytolentino199084@yahoo.com | Daytime Phone No. 8083970957 | Evening Phone No. 8083970957 |
| | | Date of Birth 2/23/1990 (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: _____ | | <input type="checkbox"/> 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:

| | |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> RECONFIRMED for: _____ <input type="checkbox"/> FAILED TO RECONFIRM for: _____ | <input type="checkbox"/> TEST CANCELLED |
| 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:

01/10/2025 09:20 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 | CF17202817 | 9950 LAWRENCE AVE STE 403 |
| COLLECTION DATE / TIME: | TESTING AUTHORITY: | SCHILLER PARK IL 60176 |
| 01/08/2025 12:06 PM | 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:
TOLENTINO, JOEY CAYUHAN

DONOR ID:
HIH01108071

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:
01/09/2025 12:59 PM CST UTC-6

MRO COPY BECAME AVAILABLE AT:
01/08/2025 03:05 PM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:
01/09/2025 01:04 PM 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

COLLECTION DATE / TIME:

01/08/2025 12:06 PM

CST UTC-6

TEST RESULT:

SPECIMEN ID:

CF17202817

TESTING AUTHORITY:

DOT FMCSA

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

NEGATIVE

TEST LAB PANEL:

MRO REMARKS:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

TOLENTINO, JOEY CAYUHAN

DONOR ID:

HIH01108071

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

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CLINICAL REFERENCE LABORATORY

8433 QUIVIRA

LENEXA KS 66215

PHONE: (800) 452-5677

MEDICAL REVIEW OFFICER:

KWIECINSKI PAWEL K

SIGNATURE:



LAB RESULT RECEIVED AT:

01/09/2025 12:59 PM CST UTC-6

MRO COPY BECAME AVAILABLE AT:

01/08/2025 03:05 PM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:

01/09/2025 01:04 PM 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:

PRE-EMPLOYMENT

SPECIMEN ID:

CF17202817

MED-STOP MRO SERVICES

9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME:

01/08/2025 12:06 PM

TESTING AUTHORITY:

DOT FMCSA

SCHILLER PARK IL 60176

PHONE: (877) 633-3633

FAX: (847) 647-6608

EMPLOYEE / APPLICANT:

mro@med-stop.com

TOLENTINO JOEY CAYUHAN

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:

01/09/2025 01:04 PM 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 (1/8/2025 12:42:04)
Conducted By: Mateja Markovic | Query Type: Pre-employment | Query Submitted: Manually

Driver Information
Name: JOEY TOLENTINO
Date of Birth: 2/23/1990
CDL/CLP ⓘ : US-HI-H01108071
Consent Information
Requested: 1/8/2025 12:41:11
Recorded: 1/8/2025 12:42:04
Status: Provided
Query History
Created: 1/8/2025 12:41:11
Completed: 1/8/2025 12:42:04
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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Information Collection #: OMB Control No. 2126-0057

| | | | |
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|---------|------------|-----|---------|