



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:

01/20/2025 10:19 AM CST UTC-6

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	CF18227882	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
01/15/2025 10:09 AM	DOT FMCSA	PHONE: (877) 633-3633
EST 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:
TORRES NEGRON, EDGARDO

DONOR ID:
FLT625200922180

NAME OF COMPANY / LOCATION:
RIKI TRANSPORTATION INC

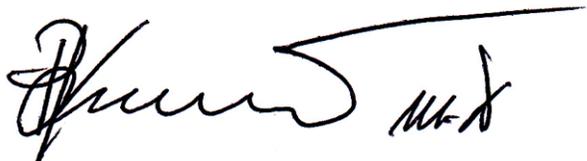
8225 LECLAIRE AVE
BURBANK IL 60459

LOCATION / COLLECTION SITE:
DISA MID-STATE OCC HLTH - BLOO
6850 LOWE RD
BLOOMSBURG PA 17815
PHONE: (570) 317-2763

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:
01/17/2025 09:23 PM CST UTC-6

MRO COPY BECAME AVAILABLE AT:
01/15/2025 09:15 AM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:
01/18/2025 09:17 AM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





800-877-7484



CF18227882

SPECIMEN ID NO.

CLIENT NO. 10783041

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No. RIKI TRANSPORTATION INC 8225 LECLAIRE AVE RADOSLAV KOVACEVIC BURBANK, IL 60459 Phone#: (973)563-3159 Fax#: (630)485-6980
B. MRO Name, Address, Phone No. and Fax No. PAWEL KWIECINSKI MD 9950 LAWRENCE AVE STE 403 MED STOP INC SCHILLER PARK, IL 60176 Phone#: (847)647-0453 Fax#: (847)647-6608
C. Donor SSN, Employee I.D. No., or CDL State and No. FLT625200922180
D. Specify Testing Authority: HHS NRC Specify DOT Agency: X FMCSA FAA FRA FTA PHMSA USCG
E. Reason for Test: X Pre-employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify)
F. Drug Tests to be Performed: X THC, COC, PCP, OPI, AMP THC & COC Only Other (specify)
DER:: 7083035150 RADOSLAV KOVAC ACCOUNT NUMBER:: 50180822235933
G. Collection Site Address: DISA - Bloomsburg 6850 Lowe Rd Bloomsburg, PA 17815-8708 Collection Site Code: PA327 Collector Contact Info: Phone (570)317-2763 Fax (570)317-2764 Other

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

X URINE ORAL FLUID

COLLECTION: X Split Single None Provided, Enter Remark.
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? X 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 Leanne Roush 1/15/2025 10:09 EST PM AM X
SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: X Quest Diagnostics Courier Other
(Print) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection 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 EDGARDO TORRES NEGRON 1/15/2025
Email address: N/A Daytime Phone No. 9735633159 Evening Phone No. 7876690806 Date of Birth 6/18/1992
(Print) Donor's Name (First, MI, Last) 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

X 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)

OMB No. 0930-0158

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (1/14/2025 16:46:21)

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

Driver Information

Name: EDGARDO TORRES NEGRON

Date of Birth: 6/18/1992

CDL/CLP ⓘ: US-FL-T625200922180

Consent Information

Requested: 1/14/2025 16:30:38

Recorded: 1/14/2025 16:46:21

Status: Provided

Query History

Created: 1/14/2025 16:30:38

Completed: 1/14/2025 16:46:21

Query Result: Driver Not Prohibited

LEARN MORE

■ The Return-to-Duty Process

Open Violations

No Open Violations