



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:

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	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





C F 1 8 2 2 7 8 8 2

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		Site Location	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: <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) _____				
65304N				
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 _____	

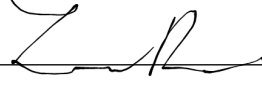
OMB No. 0930-0158

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		SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input checked="" type="checkbox"/> Quest Diagnostics Courier <input type="checkbox"/> Other _____	
Leanne Roush (PRINT) Collector's Name (First, MI, Last)	1/15/2025 Date (Mo/Day/Yr)	10:09 EST PM 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 (PRINT) Donor's Name (First, MI, Last)		1/15/2025 Date (Mo/Day/Yr)	
Email address: N/A		Daytime Phone No. 9735633159		Evening Phone No. 7876690806	
				6/18/1992 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: _____		<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"/> 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

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