



C F 1 8 4 6 7 3 9 1

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D3119062

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

ACCESSION NO.

<b>A. Employer Name, Address, I.D. No.</b> KOVACEVIC RADOSLAV / RIKI TRANSPORTATION INC 8225 LECLAIRE AVE BURBANK, IL 60459 Phone#: (973)563-3159 / Fax#: (630)485-6980		<b>Site Location</b>	<b>B. MRO Name, Address, Phone No. and Fax No.</b> 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	
<b>C. Donor SSN, Employee I.D. No., or CDL State and No.</b> <b>TX 50977917</b>				
<b>D. Specify Testing Authority:</b> <input type="checkbox"/> HHS <input type="checkbox"/> NRC <b>Specify DOT Agency:</b> <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				
<b>E. Reason for Test:</b> <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)				
<b>F. Drug Tests to be Performed:</b> <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify)				
<b>W215</b>				
<b>G. Collection Site Address:</b> <b>Med Stop - Hickory Hills</b> <b>7831 W 95th St Ste J</b> <b>Hickory Hills, IL 60457-2388</b>		<b>Collection Site Code:</b> <b>YMS.0003</b>	<b>Collector Contact Info:</b> 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**

<b>COLLECTION:</b> <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.			
<b>URINE: Collector reads urine temperature within 4 minutes.</b> Temperature between 90° and 100°F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark			
<b>ORAL FLUID:</b> 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	
<b>REMARKS:</b>			

**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.

<b>X</b> Signature of Collector Malgorzata Bodyziak (PRINT) Collector's Name (First, MI, Last)			<b>SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:</b> <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input checked="" type="checkbox"/> Other <b>CRL Courier</b> Name of Delivery Service	
1/27/2025 Date (Mo/Day/Yr)	3:37 CST 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.

<b>X</b> Signature of Donor		<b>NOEL GIRALDO RODRIGUEZ AGUADO</b> (PRINT) Donor's Name (First, MI, Last)		<b>1/27/2025</b> Date (Mo/Day/Yr)
Email address: <b>noelcuba9@gmail.com</b>		Daytime Phone No. <b>7867153931</b> Evening Phone No. <b>7867153931</b>		<b>5/12/1970</b> 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		
<b>REMARKS:</b>		
<b>X</b> _____ 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: _____		
<b>REMARKS:</b>		
<b>X</b> _____ Signature of Medical Review Officer		_____ (PRINT) Medical Review Officer's Name (First, MI, Last)
		_____ Date (Mo/Day/Yr)

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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**01/29/2025 09:16 AM CST UTC-6**

**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>CF18467391</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>01/27/2025 03:37 PM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>CST UTC-6</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:  
**RODRIGUEZ AGUADO, NOEL GIRALDO**

NAME OF COMPANY / LOCATION:  
**RIKI TRANSPORTATION INC**

DONOR ID:  
**TX50977917**

**8225 LECLAIRE AVE**  
**BURBANK IL 60459**

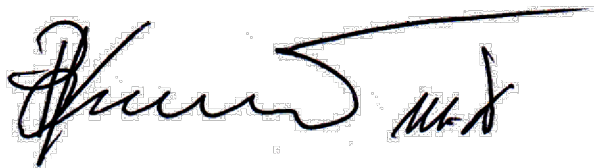
LOCATION / COLLECTION SITE:  
**MED-STOP HICKORY HILLS**  
**7831 W 95TH ST**  
**HICKORY HILLS IL 60457**  
**PHONE: (708) 546-0551**

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:  
**01/28/2025 10:55 AM CST UTC-6**

SIGNATURE:



MRO COPY BECAME AVAILABLE AT:  
**01/27/2025 03:40 PM CST UTC-6**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**01/28/2025 10:56 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**

COLLECTION DATE / TIME:

**01/27/2025 03:37 PM**

**CST UTC-6**

TEST RESULT:

SPECIMEN ID:

**CF18467391**

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:

**RODRIGUEZ AGUADO, NOEL  
GIRALDO**

DONOR ID:

**TX50977917**

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**

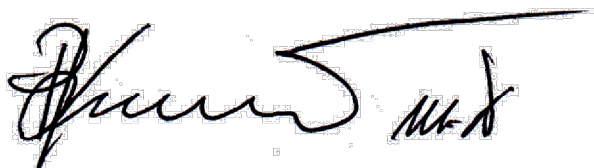
**LENEXA KS 66215**

**PHONE: (800) 452-5677**

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAWEL K**

SIGNATURE:



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# PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

<b>PURPOSE OF TEST:</b>	<b>SPECIMEN ID:</b>	<b>MED-STOP MRO SERVICES</b>
<b>PRE-EMPLOYMENT</b>	<b>CF18467391</b>	<b>9950 LAWRENCE AVE STE 403</b>
<b>COLLECTION DATE / TIME:</b>	<b>TESTING AUTHORITY:</b>	<b>SCHILLER PARK IL 60176</b>
<b>01/27/2025 03:37 PM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>CST UTC-6</b>		<b>FAX: (847) 647-6608</b>
<b>EMPLOYEE / APPLICANT:</b>		<b>mro@med-stop.com</b>
<b>RODRIGUEZ AGUADO NOEL GIRALDO</b>		

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:**  
**01/28/2025 10:56 AM CST UTC-6**

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