MED●STOP

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:

02/18/2025 12:07 PM 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:

PRE-EMPLOYMENT

COLLECTION DATE / TIME:

02/17/2025 10:32 AM CST UTC-6

TEST RESULT:

NEGATIVE

SPECIMEN ID:

CF18467675

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

EMAIL: mro@med-stop.com

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

HUSSAIN, MIAN BURHAN

DONOR ID:

GA055540883

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:

02/18/2025 10:35 AM CST UTC-6

MRO COPY BECAME AVAILABLE AT:

02/17/2025 10:35 AM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:

02/18/2025 10:35 AM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

8433 Quivira Road
Lenexa, KS 66215

CRL

||||| CF 1 8 4 6 7 6 7 5

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.   Site Location
   KOVACEVIC RADOSLAV / RIKI TRANSPORTATION INC
   8225 LECLAIRE AVE
   BURBANK, IL 60459
   Phone#: (973)563-3159 / Fax#: (630)485-6980

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.   **GA 055540883**

D. Specify Testing Authority: ☐ HHS ☐ NRC   Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☒ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

F. Drug Tests to be Performed: ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____
   W215

G. Collection Site Address: **Med Stop - Hickory Hills**   Collection Site Code: Collector Contact Info: Phone **(708)546-0551**
                             7831 W 95th St Ste J   Fax **(708)295-9162**
                             Hickory Hills, IL 60457-2388   **YMS.0003**   Other **info@med-stop.com**

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).   ☒ URINE   ☐ ORAL FLUID

COLLECTION: ☒ Split ☐ Single ☐ None Provided, Enter Remark.

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? ☒ 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

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

☐ UPS   ☐ FedEx

☒ Other   CRL Courier

Dorota Moniuszko   2/17/2025   AM **X**
(PRINT) Collector's Name (First, MI, Last)   Date (Mo/Day/Yr)   10:32 CST 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

MIAN B HUSSAIN   2/17/2025
(PRINT) Donor's Name (First, MI, Last)   Date (Mo/Day/Yr)

                                            11/11/1990
Email address: xirofr8@proton.me   Daytime Phone No. 7019707297 Evening Phone No. 7019707297 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:

☐ 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)

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 (2/17/2025 10:52:12)

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

Driver Information

Name: MIAN HUSSAIN
Date of Birth: 11/11/1990
CDL/CLP ❶: US-GA-055540883

Consent Information

Requested: 2/17/2025 10:47:43
Recorded: 2/17/2025 10:52:12
Status: Provided

Query History

Created: 2/17/2025 10:47:43
Completed: 2/17/2025 10:52:12
Query Result: Driver Not Prohibited

Open Violations

No Open Violations