



C F 1 8 4 6 7 5 0 4

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. GA 057225125				
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		SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:	
Signature of Collector		<input type="checkbox"/> UPS <input type="checkbox"/> FedEx	
Dorota Moniuszko 2/3/2025 11:25 CST PM AM X		<input checked="" type="checkbox"/> Other CRL Courier	
(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		CURRY J TERRENCE		2/3/2025	
Signature of Donor		(PRINT) Donor's Name (First, MI, Last)		Date (Mo/Day/Yr)	
Email address: tintmasterzllc@gmail.com		Daytime Phone No. 4048259950		Evening Phone No. 4048259950 Date of Birth 10/20/1984	
				(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: _____		
REMARKS:		
X		(PRINT) Medical Review Officer's Name (First, MI, Last)
Signature of Medical Review Officer		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		(PRINT) Medical Review Officer's Name (First, MI, Last)
Signature of Medical Review Officer		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:

02/24/2025 11:15 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:

PRE-EMPLOYMENT

COLLECTION DATE / TIME:

02/03/2025 11:25 AM**CST UTC-6**

TEST RESULT:

NEGATIVE

SPECIMEN ID:

CF18467504

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:

TERRENCE, CURRY JR

DONOR ID:

GA057225125

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**

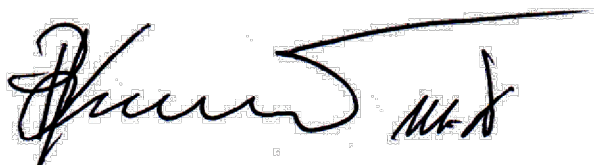
LABORATORY PERFORMING TEST:

CLINICAL REFERENCE LABORATORY**8433 QUIVIRA****LENEXA KS 66215****PHONE: (800) 452-5677**

MEDICAL REVIEW OFFICER:

KWIECINSKI PAWEL K

SIGNATURE:



LAB RESULT RECEIVED AT:

02/05/2025 01:11 PM CST UTC-6

MRO COPY BECAME AVAILABLE AT:

02/03/2025 11:30 AM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:

02/05/2025 01:13 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:

02/03/2025 11:25 AM

CST UTC-6

TEST RESULT:

NEGATIVE

SPECIMEN ID:

CF18467504

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

TEST LAB PANEL:

W215

MRO REMARKS:

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

TERRENCE, CURRY JR

DONOR ID:

GA057225125

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

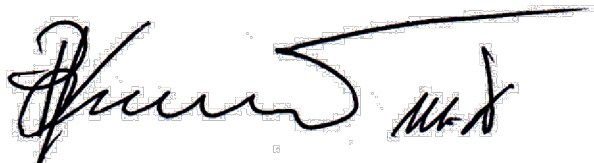
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RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:

PRE-EMPLOYMENT

SPECIMEN ID:

CF18467504

MED-STOP MRO SERVICES

9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME:

02/03/2025 11:25 AM

TESTING AUTHORITY:

DOT FMCSA

SCHILLER PARK IL 60176

PHONE: (877) 633-3633

FAX: (847) 647-6608

EMPLOYEE / APPLICANT:

mro@med-stop.com

TERRENCE CURRY JR

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:

02/05/2025 01:13 PM CST UTC-6

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (2/3/2025 10:37:05)

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

Driver Information

Name: TERRENCE CURRY

Date of Birth: 10/20/1984

CDL/CLP ⓘ : US-GA-057225125

Consent Information

Requested: 2/3/2025 10:29:25

Recorded: 2/3/2025 10:37:05

Status: Provided

Query History

Created: 2/3/2025 10:29:25

Completed: 2/3/2025 10:37:05

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

Queries	Violations	RTD	Profile
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