SPECIMEN ID NO. CLIENT NO. YMS.DOT1.D3119062 STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE ACCESSION NO. Acmployer Name, Address, Phone No. and Fax No. No. REMARK, IL 60459 Site Location Phone#: (973)563-3159 / Fax#: (630)485-6980 Schuller Mark, IL 60457 D. Specify Testing Authonity: HHS, Specify DOT Agency: No. Schuller Mark, IL 60457 D. Specify Testing Authonity: HHS, Specify DOT Agency: No. Specify DOT Agency: No. FAK Collector Solution B. Specify Testing Authonity: HHS, Specify DOT Agency: M. Specify Testing Authonity: HHS, Specify DOT Agency: M. Specify Testing Authonity: HHK, IL 60457-2388 O'Ling Tests to be Performed: X THC, COC, PCP, OPI, AMP W215 Collector Site Code: Collector Contact Info: Phone (708)546-0551 Step 2: COMPLETED BY COLLECTOR (make remarks when appropriate). X URINE ORAL FLUID COLLECTTON: Split Single None Provided, Enter Remark. Other Info@med-stop.com Step 2: COMPLETED BY COLLECTOR (make remarks when appropriate). X URINE ORAL FLUID Observed, Enter Remark. COLL	FEDERAL DRUG TESTING CUSTODY	AND CONTROL FOR	М					Quivira R xa, KS 66	
A. Employee Name, Address, Du No. Weinstein Address, Du No. Ste Location B. END Name, Address, Phone No. and Few No. Provest (0000867 (NEM 100087 (NE			CLIENT N	O. YMS.DOT1	.D3119062				
BODRECE MODEW / ENTITIVE/EXPERTITION INC PMILE: NOTECHESCO, PMILE: TOWERDON TATION INC BODRET: (07)885-3169 / PMIL: 1004/0705 PMILE: NOTECHESCO, PMILE: 1004/0705 / P	STEP 1: COMPLETED BY COLLEC	TOR OR EMPLOYER	R REPRESEN	ITATIVE					
C. Door SSN, Employee LD, No, or CDL State and No. FL S4460525724490 MI009PHD-ST00.COM Stock Terms and Authority. Just Social Data Socia Data Social Data Social Data Social D	KOVACÉVIC RADÓSLAV / RIЌI TRANS 8225 LECLAIRE AVE BURBANK, IL 60459	PORTATION INC		Site Location	PA ME 99 SC	WEL KW ED-STOF 50 LAW HILLER	VIECINSKI, M P INC RENCE AVE S PARK, IL 603	1D (MRO SUITE 403 176	4478)
D. Specify Testing Authority: HIS	C. Donor SSN, Employee I.D. No., o	r CDL State and No.	FI SA	6052572					847)647-6608
T2831 W 95th 5t Ste 3 YMS.0003 Fax Total grant status and the sta	D. Specify Testing Authority:	HHS NRC S nent Random R THC, COC, PCP, O	pecify DOT A	gency: X FMC spicion/Cause	SA FAA Post Accident	Retu	urn to Duty	- Lease of the second s	
Hickory Hills, IL 60457-2383 Other Imp@med=stop.com STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate). IURINE ORAL FLUID COLLECTION: Spire None Provided. Enter Remark. ORAL FLUID COLLECTION: Spire None Provided. Enter Remark. ORAL FLUID COLLECTION: Spire None None Oracle Remark. CORAL FLUID: Spire Spire None Observed. Enter Remark. CORAL FLUID: Spire Type: Serial Concurrent Subdivided Each Device Within Expiration Date? No Values Indicator(a) Observed REMARKS: STEP 3: Collector affixes seal(s) to bothle(s)/tube(s). Collector Gates seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy) STEP 4: Collector affixes seal(s) to bothle(s)/tube(s). Collector Gates seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy) STEP 5: Collector affixes seal(s) to bothle(s)/tube(s). Collector dates seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy) STEP 5: Collector affixes seal(s) to bothle(s)/tube(s). Collector dates seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy) STEP 5: Collector affixes seal(s) to bothle(s)/tube(s). Collector dates seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy) STEP 5: Collector affixes seal(s) to bothle(s)/tube(s). Collector dates seal(s). Donor complete	G. Collection Site Address: Med S	top - Hickory Hills		Collection Site C	Code: Collect	or Cont	tact Info: F	Phone (7	08)546-0551
	7831	W 95th St Ste J		YMS 00	03			Fax <u>(</u> 7	08)295-9162
COLLECTION: Split Supple Suppl	Hickor	ry Hills, IL 60457-2	388	1110100				Other in	fo@med-stop.com
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°?? Ves No Enter Remark Observed. Enter Remark ORAL FLUID: Split Type: Serial Concurrent Subdivided Each Device Within Expiration Date? Ves 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 Ves No Second and the second and the first devices and the second and the	STEP 2: COMPLETED BY COLLEC	TOR (make remark	s when app	ropriate).	X U	RINE	: Г	ORA	L FLUID
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Malgorzata Bodyziak 3/3/2025 IO:45 CST PM Malgorzata Bodyziak 3/3/2025 IO:45 CST PM Malgorzata Bodyziak 3/3/2025 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	I certify that the specimen given to me by the donor iden sealed, and released to the Delivery Service noted in acco				SPECIMEN BO				ASED TO:
STEP 5: COMPLETED BY DONOR I carding that J provided my unite specimen to the collector, that I have not additected 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 agronithe form agronithe statistic to each specimen bottle/tube is correct. X LUIS ENRIQUE SELLERA 3/3/2025 Date (Mr/Day/Yr) Email address: N/A Daytime Phone No. 8134105375 Evening Phone No. 8134105375 Date of Birth 12/9/1972 (Mr/Day/Yr) Termin to make a list of those medications for your own records. THIS LIST IS NOT MICESSAPY. If you choose to make a list, do so either on a separate piece of paper or on the back dry own congr. (Copy S) DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY S WITH You. STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN I accordance with applicable federal requirements, my verification for : X K K K K K K K K K K K K	Malgorzata Bodyziak	3/3/202):45 CST PM			-		
provided on this form and on the jeed affined to each specimen bottle/tube is correct. X LUIS ENRIQUE SELLERA (PRINT) Donor's Name (First, MI, Last) 3/3/2025 Date (Mo/Day/Yr) Email address: NA Daytime Phone No. 8134105375 Evening Phone No. 8134105375 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 NT NET COPY on THE FORM, TAKE COPY or THE FORM, THE COPY OR THE FORM OF THE FORM OF THE SUBSTITUTE TO THE UP ORTHOFTICE FORM OF THE FORM OF	STEP 5: COMPLETED BY DONOR		,,						
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ADULTERATED (adulterant/reason): SUBSTITUTED OTHER: REMARKS: 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: In accordance with applicable for: FAILED TO RECONFIRME for: REMARKS: REMARKS: REMARKS: X REMARKS: X A Control of the split specimen (if tested) is: A control of tested is: A control of tested is: A control of	□ NEGATIVE □ POSITI □ DILUTE	VE for:						<u> </u>	
X	ADULTERATED (adulter	rant/reason):							ANCELLED
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: Image: Complete Test									
RECONFIRMED for:	Signature of Medical Review STEP 7: COMPLETED BY MEDICA	AL REVIEW OFFICE	R - SPLIT S	PECIMEN	eview Officer's Name	(First, MI	, Last)		Date (Mo/Day/Yr)
REMARKS:	RECONFIRMED for:			-				ΠTE	ST CANCELLED
Contraction of Madical Devices Officers (Contraction of Contraction of	REMARKS:								/



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: 03/04/2025 01:42 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:SPECIMEN ID:PRE-EMPLOYMENTCF18468221COLLECTION DATE / TIME:TESTING AUTHORITY:03/03/2025 10:41 AMDOT FMCSACST UTC-6TEST RESULT:NEGATIVEVEGATIVE

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:** NAME OF COMPANY / LOCATION: SELLERA, LUIS ENRIQUE **RIKI TRANSPORTATION INC** DONOR ID: 8225 LECLAIRE AVE FLS460525724490 **BURBANK IL 60459** LOCATION / COLLECTION SITE: LABORATORY PERFORMING TEST: MED-STOP HICKORY HILLS CLINICAL REFERENCE LABORATORY 7831 W 95TH ST **8433 QUIVIRA HICKORY HILLS IL 60457 LENEXA KS 66215** PHONE: (708) 546-0551 PHONE: (800) 452-5677 **MEDICAL REVIEW OFFICER:** LAB RESULT RECEIVED AT: **KWIECINSKI PAWEL K** 03/04/2025 12:49 PM CST UTC-6 SIGNATURE: MRO COPY BECAME AVAILABLE AT: 03/03/2025 12:22 PM CST UTC-6 un) III. DATE / TIME THE RESULT BECAME AVAILABLE: 03/04/2025 12:54 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:	SPECIMEN ID:
PRE-EMPLOYMENT	CF18468221
COLLECTION DATE / TIME:	TESTING AUTHORITY:
03/03/2025 10:41 AM	DOT FMCSA
CST UTC-6	
TEST RESULT:	

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

MRO REMARKS:

TEST LAB PANEL: W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
SELLERA, LUIS ENRIQUE	RIKI TRANSPORTATION INC
DONOR ID:	8225 LECLAIRE AVE
FLS460525724490	BURBANK IL 60459
LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:
MED-STOP HICKORY HILLS	CLINICAL REFERENCE LABORATORY
7831 W 95TH ST	8433 QUIVIRA
HICKORY HILLS IL 60457	LENEXA KS 66215
PHONE: (708) 546-0551	PHONE: (800) 452-5677
MEDICAL REVIEW OFFICER: KWIECINSKI PAWEL K SIGNATURE: When the second	LAB RESULT RECEIVED AT: 03/04/2025 12:49 PM CST UTC-6 MRO COPY BECAME AVAILABLE AT: 03/03/2025 12:22 PM CST UTC-6 DATE / TIME THE RESULT BECAME AVAILABLE: 03/04/2025 12:54 PM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:	SPECIMEN ID:		
PRE-EMPLOYMENT	CF18468221		
COLLECTION DATE / TIME:	TESTING AUTHORITY:		
03/03/2025 10:41 AM	DOT FMCSA		
CST UTC-6			
EMPLOYEE / APPLICANT:			
SELLERA LUIS ENRIQUE			

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

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
НҮС/НҮМ (300/100)	300 ng/mL	100 ng/mL

MEDICAL REVIEW OFFICER: KWIECINSKI PAWEL K

DATE / TIME THE RESULT BECAME AVAILABLE: 03/04/2025 12:54 PM CST UTC-6

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

DRUG & ALCOHOL CLEARINGHOUSE Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (3/3/2025 11:17:34)

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

Driver Information

Name: LUIS SELLERA Date of Birth: 12/9/1972 CDL/CLP i: US-FL-S460525724490

Consent Information

Requested: 3/3/2025 11:13:34 Recorded: 3/3/2025 11:17:34 Status: Provided

Query History

Created: 3/3/2025 11:13:34 Completed: 3/3/2025 11:17:34 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

https://clearinghouse.fmcsa.dot.gov/Query/Result/268b713c-a4e0-410f-ad74-80bd0a28e3d7