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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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**03/17/2025 08:05 AM CDT UTC-5**

**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>7947179571</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>03/13/2025 01:44 PM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>EDT UTC-4</b>		<b>FAX: (847) 647-6608</b>
TEST RESULT:		<b>EMAIL: mro@med-stop.com</b>

**NEGATIVE**

TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:  
**TANELUS, MARC LOUNES**

DONOR ID:  
**FLT220966465000**

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

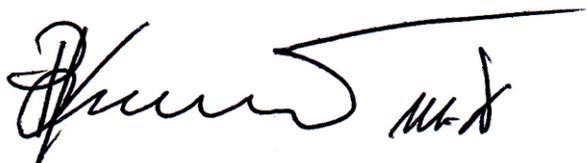
**8225 LECLAIRE AVE**  
**BURBANK IL 60459**

LOCATION / COLLECTION SITE:  
**FASTEST LABS CENTRAL CINCINN**  
**1530 E SEYMOUR AVE**  
**CINCINNATI OH 45237**  
**PHONE: (513) 407-3125**

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:  
**03/14/2025 04:44 PM CDT UTC-5**

MRO COPY BECAME AVAILABLE AT:  
**03/14/2025 04:45 PM CDT UTC-5**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**03/14/2025 04:54 PM CDT UTC-5**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. 7947179571



OMB No. 0930-0158

STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

**A. Employer Name, Address, I.D. No.** Lab Acct #: 10783041  
 RIKI TRANSPORTATION INC  
 8225 LECLAIRE AVE  
 BURBANK, IL 60459  
 Phone: 973-563-3159 Fax: 630-485-6980

**B. MRO Name, Address, Phone and Fax No.**  
 PAWEL KWIECINSKI MD  
 9950 LAWRENCE AVE STE 403  
 SCHILLER PARK, IL 60176  
 Phone: 847-647-0453  
 Fax: 847-647-6608

**C. Donor SSN, Employee I.D., or CDL State and No.** FLT220966465000

**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)

**G. Collection Site Address:** Fastest Labs Central Cincinnati - 58532  
 1530 E Seymour Ave  
 Cincinnati, OH 45237

**58532-OH498**  
Clinic ID

**Collector Contact Info:** Phone 513-407-3125  
 Fax 513-407-3021  
 Other

**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.*

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

**X** Signature of Collector  
 JEFFREY BREWER 03 / 13 / 2025 1:44:34  AM  PM  
 (PRINT) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.) Time of Collection

**FEDEX**  
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 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 is correct.*

**X** Signature of Donor  
 MARC L TANELUS 03 / 13 / 2025  
 (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)

Email \_\_\_\_\_ Day Phone (561) 975-6975 Evening Phone (561) 975-6975 Date of Birth 04 / 19 / 1988  
 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 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.)

# Query Detail

## Query Overview

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

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (3/13/2025 12:54:40)

**Conducted By:** RADOSLAV KOVACEVIC | **Query Type:** Pre-employment | **Query Submitted:** Manually

### Driver Information

**Name:** MARC TANELUS

**Date of Birth:** 4/19/1988

**CDL/CLP ⓘ:** US-FL-T220966465000

### Consent Information

**Requested:** 3/13/2025 12:35:00

**Recorded:** 3/13/2025 12:54:40

**Status:** Provided

### Query History

**Created:** 3/13/2025 12:35:00

**Completed:** 3/13/2025 12:54:40

**Query Result:** Driver Not Prohibited

## LEARN MORE

■ [The Return-to-Duty Process](#)

## Open Violations

No Open Violations