FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM
C F 1 9 6 4 5 4 2 7



DILUTE DILUTE REFUSAL TO TEST bea DADULTERATED SUBSTITU OTHED REMARKS: X	affixed to each specime of Donor ers44@gmail.cor eccives the test result o make a list of those DO NOT PROVIDE TI MEDICAL REVI eral requirements, my POSITIVE for: Cause - check rea D (adulterant/rea TED R:	m ts for the specimer e medications for yr HIS INFORMATION IEW OFFICER ason(s) below: ason): IEW OFFICER IEW OFFICER	_ Daytime Phon n identified by th over own records. N ON THE BACK (R - PRIMAR)	(PRINT) Do e No. 5019444, is form, he/she may co THIS LIST IS NOT NI DF ANY OTHER COPY Y SPECIMEN (PRINT) Medical Re PECIMEN isted) is:	view Officer's Na	t, MI, Last) g Phone No.	708303: iptions and ake a list, do WITH YOU.	over-the-count o so either on a ORAL	er medications you may have a separate piece of paper or on FLUID
Signature Email address: ricardusflows After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5) STEP 6: COMPLETED BY In accordance with applicable fed DILUTE REFUSAL TO TEST bea ADULTERATED SUBSTITU OTHED REMARKS: Signature of Medicable federation STEP 7: COMPLETED BY In accordance with applicable federation RECONFIRMED for: FAILED TO RECOM	affixed to each specime of Donor ers44@gmail.cor eccives the test result o make a list of those DO NOT PROVIDE TI MEDICAL REVI eral requirements, my POSITIVE for: Cause - check rea D (adulterant/rea TED R:	m ts for the specimer e medications for yr HIS INFORMATION IEW OFFICER ason(s) below: ason): IEW OFFICER IEW OFFICER	_ Daytime Phon n identified by th over own records. N ON THE BACK (R - PRIMAR)	(PRINT) Do e No. 5019444, is form, he/she may co THIS LIST IS NOT NI DF ANY OTHER COPY Y SPECIMEN (PRINT) Medical Re PECIMEN isted) is:	vor's Name (Firs	t, MI, Last) g Phone No.	708303: iptions and ake a list, do WITH YOU.	over-the-count o so either on a ORAL	Date (Mo/Day/Yr) <u>11/22/1979</u> of Birth (Mo/Day/Yr) er medications you may have a separate piece of paper or on FLUID NNCELLED <u>/ / Date (Mo/Day/Yr)</u>
Signature Email address: ricardusflows After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5) STEP 6: COMPLETED BY In accordance with applicable fed DILUTE REFUSAL TO TEST bee ADULTERATED SUBSTITU OTHEL REMARKS: X Signature of Mee STEP 7: COMPLETED BY In accordance with applicable federation Completed by In accordance with applicable federation RECONFIRMED for:	affixed to each specime of Donor ers44@gmail.cor eccives the test result o make a list of those DO NOT PROVIDE TH MEDICAL REVI eral requirements, my POSITIVE for: cause - check rea D (adulterant/rea TED R: dical Review Officer MEDICAL REV	m ts for the specimer methods for yn HIS INFORMATION IEW OFFICER ason(s) below: ason): IEW OFFICEF	_ Daytime Phon n identified by th your own records. N ON THE BACK (R - PRIMAR) R - SPLIT SP polit specimen (if te	(PRINT) Do e No. 5019444, is form, he/she may ci. THIS LIST IS NOT NE DF ANY OTHER COPY Y SPECIMEN (PRINT) Medical Re PECIMEN ested) is:	view Officer's Name (Firs	t, MI, Last) g Phone No. sk about prescr ou choose to m <u>TAKE COPY 5</u> URINE ame (First, MI, L	708303: iptions and ake a list, do WITH YOU.	over-the-count o so either on a ORAL	Date (Mo/Day/Yr) <u>11/22/1979</u> of Birth (Mo/Day/Yr) er medications you may have a separate piece of paper or on FLUID NNCELLED <u>/ / Date (Mo/Day/Yr)</u>
Signature Email address: ricardusflows After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5). – STEP 6: COMPLETED BY In accordance with applicable feed DILUTE REFUSAL TO TEST beed DILUTE REFUSAL TO TEST beed SUBSTITU OTHEL REMARKS: Signature of Meed STEP 7: COMPLETED BY In accordance with applicable federa	affixed to each specime of Donor ers44@gmail.cor eceives the test result o make a list of those DO NOT PROVIDE TH MEDICAL REVI eral requirements, my POSITIVE for: cause - check rea D (adulterant/rea TED R: dical Review Officer MEDICAL REV	m ts for the specimer metadots for yn HIS INFORMATION IEW OFFICER ason(s) below: ason): IEW OFFICEF	_ Daytime Phon n identified by th your own records. N ON THE BACK (R - PRIMAR)	(PRINT) Do e No. 5019444, is form, he/she may ci. THIS LIST IS NOT NE DF ANY OTHER COPY Y SPECIMEN Y SPECIMEN (PRINT) Medical Re PECIMEN ested) is:	view Officer's Name (Firs	t, MI, Last) g Phone No. sk about prescr ou choose to m <u>TAKE COPY 5</u> URINE URINE	708303: iptions and ake a list, do WITH YOU.	over-the-count o so either on a ORAL	Date (Mo/Day/Yr) <u>11/22/1979</u> of Birth (Mo/Day/Yr) er medications you may have a separate piece of paper or on FLUID NNCELLED <u>/ / Date (Mo/Day/Yr)</u>
Signature Email address: ricardusflows After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5) STEP 6: COMPLETED BY In accordance with applicable fed DILUTE REFUSAL TO TEST bea DILUTE REFUSAL TO TEST bea DULTERATED SUBSTITU OTHEI REMARKS: X Signature of Med	affixed to each specime of Donor ers44@gmail.cor exceives the test result o make a list of those DO NOT PROVIDE TI MEDICAL REVI eral requirements, my POSITIVE for: Cause - check rea D (adulterant/rea TED R: dical Review Officer MEDICAL REV	m ts for the specimer medications for y HIS INFORMATION IEW OFFICER asson(s) below: asson): HEW OFFICER	_ Daytime Phon n identified by th Your own records. N ON THE BACK (R - PRIMAR)	(PRINT) Do e No. 5019444, is form, he/she may c THIS LIST IS NOT NI OF ANY OTHER COPY Y SPECIMEN (PRINT) Medical Re PECIMEN	nor's Name (Firs	t, MI, Last) g Phone No.	708303 iptions and dake a list, do WITH YOU.	over-the-count o so either on a	Date (Mo/Day/Yr) 11/22/1979 of Birth (Mo/Day/Yr) er medications you may have a separate piece of paper or on FLUID NNCELLED
Signature Email address: ricardusflows After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5) STEP 6: COMPLETED BY In accordance with applicable fed DILUTE REFUSAL TO TEST bea DILUTE REFUSAL TO TEST bea DULTERATED SUBSTITU OTHED REMARKS: Signature of Medicable Statements	affixed to each specime of Donor ers44@gmail.cor eccives the test result on make a list of those DO NOT PROVIDE TH MEDICAL REVI eral requirements, my POSITIVE for: cause - check read 0 (adulterant/read TED R: dical Review Officer	m ts for the specimer medications for y HIS INFORMATION IEW OFFICER verification is: asson(s) below: asson):	_ Daytime Phon n identified by th your own records. N ON THE BACK (R - PRIMAR)	(PRINT) Do e No. 5019444, is form, he/she may ci. THIS LIST IS NOT NI DF ANY OTHER COPY Y SPECIMEN (PRINT) Medical Re	nor's Name (Firs	t, MI, Last) g Phone No.	708303 iptions and d ake a list, do WITH YOU.	over-the-count o so either on a	Date (Mo/Day/Yr) 11/22/1979 of Birth (Mo/Day/Yr) er medications you may have a separate piece of paper or on FLUID NNCELLED
Signature Email address: ricardusflows After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5). – STEP 6: COMPLETED BY In accordance with applicable fed DILUTE REFUSAL TO TEST bea DILUTE REFUSAL TO TEST bea DULTERATED SUBSTITU OTHED REMARKS:	affixed to each specime of Donor ers44@gmail.cor eccives the test result o make a list of those DO NOT PROVIDE TI MEDICAL REVI eral requirements, my POSITIVE for: cause - check read O (adulterant/read TED R:	m ts for the specimer e medications for y <u>HIS INFORMATION</u> IEW OFFICER verification is: ason(s) below: ason):	_ Daytime Phon n identified by th our own records. N ON THE BACK (R - PRIMAR)	(PRINT) Do e No. 5019444. is form, he/she may ci. THIS LIST IS NOT NI DF ANY OTHER COPY Y SPECIMEN	nor's Name (Firs 2 <u>61</u> Evening Evenin	t, MI, Last) g Phone No. sk about prescr pu choose to m TAKE COPY 5 URINE	708303 iptions and o ake a list, do WITH YOU.	over-the-count o so either on a	Date (Mo/Day/Yr) 11/22/1979 of Birth (Mo/Day/Yr) er medications you may have a separate piece of paper or on FLUID
Signature Email address: ricardusflows After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5). – STEP 6: COMPLETED BY In accordance with applicable fed NEGATIVE INEGATIVE REFUSAL TO TEST bed ADULTERATED SUBSTITU OTHED	affixed to each specime of Donor ers44@gmail.cor eccives the test result o make a list of those DO NOT PROVIDE TI MEDICAL REVI eral requirements, my POSITIVE for: cause - check read O (adulterant/read TED R:	m ts for the specimer e medications for y <u>HIS INFORMATION</u> IEW OFFICER verification is: ason(s) below: ason):	_ Daytime Phon n identified by th our own records. N ON THE BACK (R - PRIMAR)	(PRINT) Do e No. 5019444. is form, he/she may ci. THIS LIST IS NOT NI DF ANY OTHER COPY Y SPECIMEN	nor's Name (Firs 2 <u>61</u> Evening Evenin	t, MI, Last) g Phone No. sk about prescr pu choose to m TAKE COPY 5 URINE	708303 iptions and o ake a list, do WITH YOU.	over-the-count o so either on a	Date (Mo/Day/Yr) 11/22/1979 of Birth (Mo/Day/Yr) er medications you may have a separate piece of paper or on FLUID
Signature Email address: ricardusflows After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5). – STEP 6: COMPLETED BY In accordance with applicable fed NEGATIVE DILUTE REFUSAL TO TEST bec ADULTERATED SUBSTITU	affixed to each specime of Donor ers44@gmail.cor eccives the test result o make a list of those DO NOT PROVIDE TI MEDICAL REVI eral requirements, my POSITIVE for: cause - check rea o (adulterant/rea TED	m ts for the specimer e medications for y <u>HIS INFORMATION</u> IEW OFFICER <i>verification is:</i> asson(s) below: asson):	_ Daytime Phon n identified by th your own records. N ON THE BACK (R - PRIMAR)	(PRINT) Do e No. 5019444 is form, he/she may ci THIS LIST IS NOT NI DF ANY OTHER COPY Y SPECIMEN	nor's Name (Firs 261 Evening ontact you to as iCESSARY. If yc OF THE FORM. X	t, MI, Last) g Phone No. sk about prescr pu choose to m TAKE COPY 5 URINE	708303 iptions and o ake a list, do WITH YOU.	over-the-count o so either on a	Date (Mo/Day/Yr) 11/22/1979 of Birth (Mo/Day/Yr) er medications you may have a separate piece of paper or on FLUID
Signature Email address: ricardusflows After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5). – STEP 6: COMPLETED BY In accordance with applicable fed NEGATIVE	of Donor ers44@gmail.cor eceives the test result o make a list of those DO NOT PROVIDE TI MEDICAL REVI eral requirements, my POSITIVE for: cause - check read o (adulterant/read)	m ts for the specimer e medications for y <u>HIS INFORMATION</u> IEW OFFICER <i>verification is:</i> ason(s) below:	_ Daytime Phon n identified by th rour own records. N ON THE BACK (R - PRIMAR)	(PRINT) Do e No. 5019444 is form, he/she may ci THIS LIST IS NOT NI DF ANY OTHER COPY Y SPECIMEN	nor's Name (Firs 261 Evening Intact you to as ICESSARY. If yo OF THE FORM.	t, MI, Last) g Phone No. sk about prescr su choose to m <u>TAKE COPY 5</u> URINE	708303 iptions and o ake a list, do WITH YOU.	over-the-count o so either on a	Date (Mo/Day/Yr) 11/22/1979 of Birth (Mo/Day/Yr) er medications you may have a separate piece of paper or on FLUID
Signature Email address: ricardusflows After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5). – STEP 6: COMPLETED BY In accordance with applicable fed NEGATIVE	affixed to each specime of Donor ers44@gmail.cor b make a list of those DO NOT PROVIDE TI MEDICAL REVI eral requirements, my POSITIVE for: cause - check rea	m ts for the specimer e medications for y <u>HIS INFORMATION</u> IEW OFFICER <i>verification is:</i> ason(s) below:	_ Daytime Phon n identified by th rour own records. N ON THE BACK (R - PRIMAR)	(PRINT) Do e No. 5019444 is form, he/she may ci THIS LIST IS NOT NI DF ANY OTHER COPY Y SPECIMEN	nor's Name (Firs 261 Evening Intact you to as ICESSARY. If yo OF THE FORM.	t, MI, Last) g Phone No. sk about prescr su choose to m <u>TAKE COPY 5</u> URINE	708303 iptions and o ake a list, do WITH YOU.	over-the-count o so either on a	Date (Mo/Day/Yr) 11/22/1979 of Birth (Mo/Day/Yr) er medications you may have a separate piece of paper or on FLUID
Signature Email address: ricardusflow After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5). – STEP 6: COMPLETED BY In accordance with applicable feed NEGATIVE	of Donor ers44@gmail.cor b make a list of those DO NOT PROVIDE TI MEDICAL REVI ieral requirements, my POSITIVE for:	Th ts for the specimer e medications for y <u>HIS INFORMATION</u> IEW OFFICER <i>v verification is:</i>	_ Daytime Phon n identified by th rour own records. N ON THE BACK (R - PRIMAR)	(PRINT) Do e No. 5019444 is form, he/she may c THIS LIST IS NOT NI DF ANY OTHER COPY Y SPECIMEN	NOT'S NAME (Firs 261 Evening Notact you to as CESSARY. If yo OF THE FORM. X	t, MI, Last) Phone No. sk about prescr su choose to m TAKE COPY 5 URINE	708303	over-the-count o so either on a	Date (Mo/Day/Yr) of Birth er medications you may have a separate piece of paper or on
Signature Email address: riCardusflows After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5). – STEP 6: COMPLETED BY In accordance with applicable fed	affixed to each specime of Donor ers44@gmail.cor be make a list of those DO NOT PROVIDE TI MEDICAL REVI eral requirements, my	Th ts for the specimer e medications for y <u>HIS INFORMATION</u> IEW OFFICER <i>v verification is:</i>	_ Daytime Phon n identified by th your own records. N ON THE BACK (R - PRIMAR)	(PRINT) Do e No. 5019444 is form, he/she may c THIS LIST IS NOT NI DF ANY OTHER COPY Y SPECIMEN	NOT'S NAME (Firs 261 Evening Notact you to as CESSARY. If yo OF THE FORM. X	t, MI, Last) Phone No. sk about prescr su choose to m TAKE COPY 5 URINE	708303	over-the-count o so either on a	Date (Mo/Day/Yr) of Birth er medications you may have a separate piece of paper or on
Signature Email address: ricardusflow After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5). – STEP 6: COMPLETED BY	of Donor ers44@gmail.cor eceives the test result DO NOT PROVIDE TI MEDICAL REVI	The specimer medications for y HIS INFORMATION IEW OFFICER	_ Daytime Phon n identified by th your own records. N ON THE BACK ((PRINT) Do e No. <u>5019444</u> is form, he/she may cu THIS LIST IS NOT NI DF ANY OTHER COPY	nor's Name (Firs 261 Evening ontact you to as CESSARY. If yo OF THE FORM.	t, MI, Last) 9 Phone No. 9k about prescr 9u choose to m 7AKE COPY 5 V	708303	over-the-count o so either on a	Date (Mo/Day/Yr) of Birth er medications you may have a separate piece of paper or on
Signature Email address: ricardusflow After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5). –	affixed to each specime of Donor ers44@gmail.cor eccives the test result o make a list of those DO NOT PROVIDE T	n ts for the specimer e medications for y HIS INFORMATION	_ Daytime Phon n identified by th your own records. N ON THE BACK ((PRINT) Do e No. <u>5019444</u> is form, he/she may cu THIS LIST IS NOT NI DF ANY OTHER COPY	nor's Name (Firs 261 Evening ontact you to as CESSARY. If yo OF THE FORM.	t, MI, Last) 9 Phone No. 9k about prescr 9u choose to m 7AKE COPY 5 V	708303	over-the-count o so either on a	Date (Mo/Day/Yr) of Birth er medications you may have a separate piece of paper or on
Signature Email address: ricardusflow After the Medical Review Officer re taken. Therefore, you may want to	affixed to each specime of Donor ers44@gmail.cor eccives the test result o make a list of those	n ts for the specimer e medications for y	_ Daytime Phon n identified by th rour own records.	(PRINT) Do e No. <u>5019444</u> is form, he/she may c . THIS LIST IS NOT NE	nor's Name (Firs <u>261</u> Evening pontact you to as CESSARY. If you	t, MI, Last) g Phone No. sk about prescr ou choose to m	708303	over-the-count	Date (Mo/Day/Yr) Date (Mo/Day/Yr) of Birth (Mo/Day/Yr) er medications you may have
Email address: ricardusflowe	of Donor ers44@gmail.cor	n	Daytime Phon	(PRINT) Doi e No. <u>5019444</u>	nor's Name (Firs 261_Evening	t, MI, Last) g Phone No.	708303		Date (Mo/Day/Yr) <u> 11/22/1979</u> of Birth (Mo/Day/Yr)
Signature	affixed to each specime of Donor			(PRINT) Do	nor's Name (Firs	t, MI, Last)		5150 Date	Date (Mo/Day/Yr) 11/22/1979
	affixed to each specime		<i></i>				er-evident sea		Date (Mo/Day/Yr)
× OL		n bottle/tube is corre	ect				er-evident sea		
V		n dottie/tude is corre	ect.		אוג ד די י		er-evident sea		2/1//2025
			vet				er-evident sea		
I certify that I provided my urine speci provided on this form and on the label	men to the collector; tha			er; each specimen bottle/	ube used was se	aled with a tampe		l in my presence,	; and that the information
STEP 5: COMPLETED BY				L					
Duy Nguyen (PRINT) Collector's Name (Fi		3/14/2025 Date (Mo/Day/)		of Collection			Name of	f Delivery Servio	ce
	-	of Collector 3/14/2025	5 11	AM X :57 CDT PM			[Other	
x produces	<u>H</u>				UPS		[X FedEx	
$L \setminus IXA$						BOTTLE(S	-		SED TO:
I certify that the specimen given to me by t sealed, and released to the Delivery Service	he donor identified in the noted in accordance with	certification section on applicable federal requ	Copy 2 of this form v virements.	vas collected, labeled,					
STEP 4: CHAIN OF CUST					TEST FAC	LITY			
STEP 3: Collector affixes se	al(s) to bottle(s))/tube(s). Colle	ector dates se	eal(s). Donor initia	als seal(s). D	onor compl	etes STEP	5 on Copy	2 (MRO Copy)
REMARKS:									
ORAL FLUID: Split Type:	Serial	Concurrent	Subdivided	Each Device Withi	n Expiration D	ate? Ye	s No		Volume Indicator(s) Observed
			1	1					
URINE: Collector reads urin		vithin 4 minute	es. Temperatur	e between 90° and	100°F?	X Yes		er Remark	Observed, Enter Remark
COLLECTION: X Split	Single	None Pro	ovided, Enter Re	emark.					
STEP 2: COMPLETED BY	COLLECTOR (n	nake remarks	s when appr	ropriate).	X	URINE	Ē		FLUID
	Springfield, 1								ncurry26@gmail.com
	2536 Farrage			7GS.91	L4			<u> </u>	4)881-1788
G. Collection Site Address:				Collection Site Co	Con	lector Conta	ct Info: I	-	7)502-1181
		V215	,		<i>,</i> _		·/ _		
F. Drug Tests to be Perform		, COC, PCP, OP				Other (sp			
D. Specify Testing Authorit E. Reason for Test: X Pre-	emplovmenti	Randoml IRe	asonable Suc				FTA to Duty	Follow-	
D Specify Testing Authorit									
C. Donor SSN, Employee I.	у: 🗌 ннз 🗌	NRC Sp	pecify DOT Ag			MRO@MED-			17)647-6608
C. Donor SSN, Employee I.	у: 🗌 ннз 🗌	NRC Sp		0282206		Phone#: (87	,	3 / Fax#: (84	
Phone#: (973)563-3159 / F	D. No., or CDL S	State and No.	pecify DOT Ag	0383306		SCHILLER P	ARK, IL 60: 77)633-363		
	D. No., or CDL S	State and No.	pecify DOT Ag	0282206			ENCE AVE 9 ARK, IL 60 77)633-363	176	
KOVACÉVIC RADÓSLAV / R 8225 LECLAIRE AVE BURBANK, IL 60459 Phone#: (973)563-3159 / F	і́кі тканsportat ах#: (630)485-698 D. No., or CDL S у: ПНК [80 State and No.	pecify DOT Ag		D	PAWEL KWI MED-STOP I 9950 LAWRE SCHILLER P	ÉCINSKI, M NC ENCE AVE S ARK, IL 603 77)633-363	1D (MRO44 SUITE 403 176	
8225 LECLAIRE AVE BURBANK, IL 60459 Phone#: (973)563-3159 / F	s, I.D. No. IKI TRANSPORTAT ax#: (630)485-698 D. No., or CDL S y: HHS	ION INC 80 State and No.	AR93 becify DOT Ag	Site Location	В	MRO Name PAWEL KWI MED-STOP I 9950 LAWRE SCHILLER P	ÉCINSKI, M NC ENCE AVE S ARK, IL 603 77)633-363	5, Phone No 1D (MRO44 SUITE 403 176	. and Fax No. 478)



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: 03/19/2025 08:40 AM CDT UTC-5

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-EMPLOYMENTCF19645427COLLECTION DATE / TIME:TESTING AUTHORITY:03/14/2025 11:57 AMDOT FMCSACDT UTC-5TEST 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: FLOWERS, RICARDUS T **RIKI TRANSPORTATION INC** DONOR ID: 8225 LECLAIRE AVE AR939382296 **BURBANK IL 60459** LOCATION / COLLECTION SITE: LABORATORY PERFORMING TEST: **CURRY CHIROPRACTIC - SPRINGFIE** CLINICAL REFERENCE LABORATORY 2536 FARRAGUT DR **8433 QUIVIRA SPRINGFIELD IL 62704-1540 LENEXA KS 66215** PHONE: (217) 502-1181 PHONE: (800) 452-5677 **MEDICAL REVIEW OFFICER:** LAB RESULT RECEIVED AT: **KWIECINSKI PAWEL K** 03/15/2025 03:39 PM CDT UTC-5 SIGNATURE: MRO COPY BECAME AVAILABLE AT: 03/14/2025 12:05 PM CDT UTC-5 un) III DATE / TIME THE RESULT BECAME AVAILABLE: 03/15/2025 03:42 PM CDT UTC-5

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:	MED-
PRE-EMPLOYMENT	CF19645427	9950
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHI
03/14/2025 11:57 AM	DOT FMCSA	PHON
CDT UTC-5		FAX:
TEST RESULT:		mro@
NEGATIVE		

MRO REMARKS:

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

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
FLOWERS, RICARDUS T	RIKI TRANSPORTATION INC
DONOR ID:	8225 LECLAIRE AVE
AR939382296	BURBANK IL 60459
LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:
CURRY CHIROPRACTIC - SPRINGFIE	CLINICAL REFERENCE LABORATORY
2536 FARRAGUT DR	8433 QUIVIRA
SPRINGFIELD IL 62704-1540	LENEXA KS 66215
PHONE: (217) 502-1181	PHONE: (800) 452-5677
MEDICAL REVIEW OFFICER: KWIECINSKI PAWEL K SIGNATURE: When the second	LAB RESULT RECEIVED AT: 03/15/2025 03:39 PM CDT UTC-5 MRO COPY BECAME AVAILABLE AT: 03/14/2025 12:05 PM CDT UTC-5 DATE / TIME THE RESULT BECAME AVAILABLE: 03/15/2025 03:42 PM CDT UTC-5

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	CF19645427
COLLECTION DATE / TIME:	TESTING AUTHORITY:
03/14/2025 11:57 AM	DOT FMCSA
CDT UTC-5	
EMPLOYEE / APPLICANT:	
FLOWERS RICARDUS T	-

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: 03/15/2025 03:42 PM CDT UTC-5

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 (3/14/2025 10:50:19)

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

Driver Information

Name: RICARDUS FLOWERS Date of Birth: 11/22/1979 CDL/CLP i: US-AR-939382296

Consent Information

Requested: 3/14/2025 10:49:08 Recorded: 3/14/2025 10:50:19 Status: Provided

Query History

Created: 3/14/2025 10:49:08 Completed: 3/14/2025 10:50:19 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

Subscribe To Email Update



Queries

https://clearinghouse.fmcsa.dot.gov/Query/Result/5760024c-14d0-460d-b56a-fb71abf51dce

About

About FMCSA

3/19/25, 9:26 AM

Safety Analysis Careers FMCSA Portal

News and Events

FMCSA Newsroom Press Releases Speeches Testimony Events

Resources

Resources for Carriers Resources for Consumers Resources for Drivers Forms Contact Us

Policies, Rights, Legal

About DOT Budget and Performance Civil Rights FOIA Information Quality No FEAR Act Office of Inspector General Privacy Policy Vulnerability Disclosure Policy USA.gov Web Policies and Notices Web Standards

Information Collection #: OMB Control No. 2126-0057

https://clearinghouse.fmcsa.dot.gov/Query/Result/5760024c-14d0-460d-b56a-fb71abf51dce