



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:

03/26/2025 12:42 PM CDT UTC-5

PAGES:

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**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

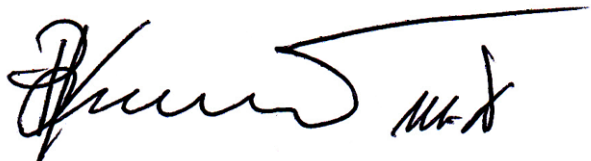
PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	QD27797400	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
03/19/2025 11:13 AM	DOT FMCSA	PHONE: (877) 633-3633
EDT UTC-4		FAX: (847) 647-6608
TEST RESULT:		EMAIL: mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:
PEREZ PANTALEON, YOSVANI**DONOR ID:**
FLP621960781800**NAME OF COMPANY / LOCATION:**
RIKI TRANSPORTATION INC**8225 LECLAIRE AVE**
BURBANK IL 60459**LOCATION / COLLECTION SITE:**
QUEST DIAGNOSTICS AVON PARK
1005 US 27 S
AVON PARK FL 33825
PHONE: (863) 784-8125**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:**
03/21/2025 09:41 PM CDT UTC-5**MRO COPY BECAME AVAILABLE AT:**
03/19/2025 10:20 AM CDT UTC-5**DATE / TIME THE RESULT BECAME AVAILABLE:**
03/22/2025 09:18 AM 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. **QD27797400**

O M B 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

 DER Name & Phone #: 7083035150 RADOSLAV KOVAC
 TESTING AUTHORITY FMCSA
 ACCOUNT NUMBER: 50180822235933
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.

FLP621960781800

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:**
 2CG - Quest Diagnostics Avon Park - 55200
 1005 US 27 S
 Avon Park, FL 33825
55200-2CG

Clinic ID

Collector Contact Info: Phone 863-784-8125

Fax 863-808-4800

Other

STEP 2 : COMPLETED BY COLLECTOR (make remarks when appropriate).☒ URINE☐ ORAL FLUIDCollection: ☒ 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
 SELISA MILNER
 (PRINT) Collector's Name (First, MI, Last)
 03 / 19 / 2025
 Date (Mo./Day/Yr.)
 11:13:50
 Time of Collection
☒ AM
☐ PM
SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:
 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
 YOSVANI PEREZPANTALEON
 (PRINT) Donor's Name (First, MI, Last)
 03 / 19 / 2025
 Date (Mo./Day/Yr.)
 Email _____ Day Phone (973) 563-3159 Evening Phone (863) 414-0317 Date of Birth 05 / 20 / 1978
 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 (3/18/2025 11:26:45)

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

Driver Information

Name: YOSVANI PEREZ PANTALEON
Date of Birth: 5/20/1978
CDL/CLP ⓘ: US-FL-P621960781800

Consent Information

Requested: 3/18/2025 11:05:32
Recorded: 3/18/2025 11:26:45
Status: Provided

Query History

Created: 3/18/2025 11:05:32
Completed: 3/18/2025 11:26:45
Query Result: Driver Not Prohibited

Open Violations

No Open Violations