

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:

05/30/2025 12:29 PM 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

12250529765445 PAGE 1 OF 2

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST: SPECIMEN ID: MED-STOP MRO SERVICES

PRE-EMPLOYMENT CF20613172 9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME: TESTING AUTHORITY: SCHILLER PARK IL 60176

05/29/2025 10:28 AM DOT FMCSA PHONE: (877) 633-3633 CDT UTC-5 FAX: (847) 647-6608

TEST RESULT: EMAIL: mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: NAME OF COMPANY / LOCATION:

TURNER, REGINALD DUANE RIKI TRANSPORTATION INC

DONOR ID: 8225 LECLAIRE AVE

TX38556522 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 PAUL 05/30/2025 12:15 PM CDT UTC-5

SIGNATURE: MRO COPY BECAME AVAILABLE AT:

05/29/2025 10:40 AM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:

05/30/2025 12:22 PM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

12250529765445 PAGE 2 OF 2

Signature of Medical Review Officer



SPECIMEN ID NO. CLIENT NO. YMS.DOT1.D31190	
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	B. MRO Name, Address, Phone No. and Fax No. PAUL KWIECINSKI, MD (MRO4478) MED-STOP INC
BURBANK, IL 60459 Phone#: (973)563-3159 / Fax#: (630)485-6980	9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176
C. Donor SSN, Employee I.D. No., or CDL State and No. TX 38556522	Phone#: (877)633-3633 / Fax#: (847)647-6608 MRO@MED-STOP.COM
D. Specify Testing Authority: HHS NRC Specify DOT Agency: X FMCSA F	FAA FRA FTA PHMSA USCG
E. Reason for Test: X Pre-employment Random Reasonable Suspicion/Cause Post Acc	ident Return to Duty Follow-up Other (specify)
F. Drug Tests to be Performed: X THC, COC, PCP, OPI, AMP THC & COC Only W215	Other (specify)
G. Collection Site Address: Med Stop - Hickory Hills Collection Site Code:	Collector Contact Info: Phone (708)546-0551
7831 W 95th St Ste J YMS.0003	Fax (708)295-9162
Hickory Hills, IL 60457-2388	Other info@med-stop.com
STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).	X URINE ORAL FLUID
COLLECTION: X 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	on 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	c). Donor completes STEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FA	ACILITY
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.	
SPECIM	IEN BOTTLE(S)/TUBE(S) RELEASED TO:
x ' P UPS	☐ FedEx
Signature of Collector Dorota Moniuszko Signature of Collector AM X 10:28 CDT PM	X 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 REGINALD D	TURNER5/29/2025
(PRINT) Donor's Name (First, MI, Last) Date (Mo/Day/Yr)	
Email address: reginaldvann@icloud.com Daytime Phone No. 8133656688 Eve	7/28/1978
Email address: feginaldvann@icloud.com Daytime Phone No. 8133656688 Evening Phone No. 8133656688 Date of Birth (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	X URINE ORAL FLUID
In accordance with applicable federal requirements, my verification is:	
NEGATIVE ☐ POSITIVE for:	
REFUSAL TO TEST because - check reason(s) below: ADULTERATED (adulterant/reason):	TEST CANCELLED
SUBSTITUTED	
REMARKS:	
X	
Signature of Medical Review Officer (PRINT) Medical Review Officer	's Name (First, MI, Last)
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:	

(PRINT) Medical Review Officer's Name (First, MI, Last)

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (5/29/2025 11:00:45)

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

Driver Information

Name: REGINALD TURNER

Date of Birth: 7/28/1978

CDL/CLP (): US-TX-38556522

Consent Information

Requested: 5/29/2025 10:54:49 **Recorded:** 5/29/2025 11:00:45

Status: Provided

Query History

Created: 5/29/2025 10:54:49 **Completed:** 5/29/2025 11:00:45

Query Result: Driver Not Prohibited

Open Violations

No Open Violations