



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:

01/15/2024 11:29 AM CST UTC-6

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:

PRE-EMPLOYMENT

COLLECTION DATE / TIME:

01/08/2024 12:47 PM**EST UTC-5**

TEST RESULT:

NEGATIVE

SPECIMEN ID:

QD26043841

TESTING AUTHORITY:

DOT FMCSA**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:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

CRUZ VIOLAT, ALLAN

DONOR ID:

FLC621000910880

NAME OF COMPANY / LOCATION:

RIKI TRANSPORTATION INC**8225 LECLAIRE AVE****BURBANK IL 60459**

LOCATION / COLLECTION SITE:

QUEST DIAGNOSTICS POMPANO BE**898A NORTH FEDERAL HWY****POMPANO BEACH FL 33062****PHONE: (954) 785-2828**

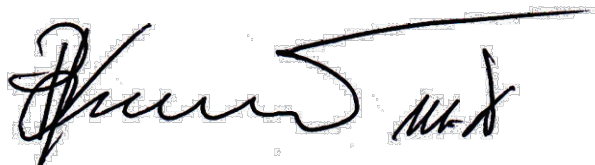
LABORATORY PERFORMING TEST:

QUEST DIAGNOSTICS**10101 RENNER BLVD****LENEXA KS 66219****PHONE: (866) 697-8378**

MEDICAL REVIEW OFFICER:

KWIECINSKI PAWEL K

SIGNATURE:



LAB RESULT RECEIVED AT:

01/09/2024 03:50 PM CST UTC-6

MRO COPY BECAME AVAILABLE AT:

01/09/2024 03:55 PM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:

01/09/2024 04:00 PM CST UTC-6

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. **QD26043841**

OMB No. 0930-0158

STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**A. Employer Name, Address, I.D. No.**RIKI TRANSPORTATION INC
8225 LECLAIRE AVE
BURBANK, IL 60459
Phone: 973-563-3159 Fax: 630-485-6980

Lab Acct #: 10783041

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.** FLC621000910880**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:**M2B - Quest Diagnostics-Pompano Beach - 41375
898A North Federal Hwy
Pompano Beach, FL 33062**41375-M2B**

Clinic ID

Collector Contact Info: Phone 954-785-2828**Fax** 954-785-2838**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:** DER Name: DER 92**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

Christopher Vora

(PRINT) Collector's Name (First, MI, Last)

Signature of Collector

01 / 08 / 2024

Date (Mo./Day/Yr.)

12:47:59

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

ALLAN CRUZVIOLAT

(PRINT) Donor's Name (First, MI, Last)

01 / 08 / 2024

Date (Mo./Day/Yr.)

Email _____ Day Phone (786) 290-5074 Evening Phone () Not Provided Date of Birth 03 / 08 / 1991

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.)