### **RESULTS OF SAMSHA (NIDA) CONTROLLED TEST**

PURPOSE OF TEST:	SPECIMEN ID:
PRE-EMPLOYMENT	CF20613491
COLLECTION DATE / TIME:	TESTING AUTHORITY:
06/10/2025 04:45 PM	DOT FMCSA
CDT UTC-5	
TEST RESULT:	

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:
MONTEIRO, FERNANDO	RIKI TRANSPORTATION INC
DONOR ID:	8225 LECLAIRE AVE
GA053012625	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: KWIECINSKI PAUL SIGNATURE: When the second se	LAB RESULT RECEIVED AT: 06/11/2025 12:10 PM CDT UTC-5 MRO COPY BECAME AVAILABLE AT: 06/10/2025 04:50 PM CDT UTC-5 DATE / TIME THE RESULT BECAME AVAILABLE: 06/11/2025 12:12 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	CF20613491
COLLECTION DATE / TIME:	TESTING AUTHORITY:
06/10/2025 04:45 PM	DOT FMCSA
CDT UTC-5	
EMPLOYEE / APPLICANT:	
<b>MONTEIRO FERNANDO</b>	

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 PAUL

# DATE / TIME THE RESULT BECAME AVAILABLE: 06/11/2025 12:12 PM CDT UTC-5

#### RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

## 

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM	8433 Quivira Road Lenexa, KS 66215
SPECIMEN ID NO. CLIENT NO. YMS.DOT:	I.D3119062
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 BURBANK, IL 60459 Phone#: (973)563-3159 / Fax#: (630)485-6980	on B. MRO Name, Address, Phone No. and Fax No. PAUL KWIECINSKI, MD (MRO4478) MED-STOP INC 9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176
C. Donor SSN, Employee I.D. No., or CDL State and No. <b>GA 05301262</b>	Phone#: (877)633-3633 / Fax#: (847)647-6608 MRO@MED-STOP.COM
	,
D. Specify Testing Authority: HHS NRC Specify DOT Agency: X FM E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause F. Drug Tests to be Performed: X THC, COC, PCP, OPI, AMP THC & COC W215	Post Accident Return to Duty Follow-up 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 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° an	d 100°F? X Yes No, Enter Remark Observed, Enter Remark
ORAL FLUID: Split Type: Serial Concurrent Subdivided Each Device Wit	hin 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 ini STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED B 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 Gervice noted in accordance with applicable federal requirements.	
$\mathbf{x}   \mathbf{y}   \mathcal{O}$	UPS DedEx
Signature of Collector AM	X Other CRL Courier
Image: Malgorizata m Bodyziak     6/10/2025     4:45 CDT PM       (PRINT) Collector's Name (First, MI, Last)     Date (Mo/Day/Yr)     Time of Collection       STEP 5: COMPLETED BY DONOR     Time of Collection     Image: Collection	Name of Delivery Service
I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bott provided on this form and on the label affixed to each specimen bottle/tube is correct.	le/tube used was sealed with a tamper-evident seal in my presence; and that the information
	ANDO MONTEIRO 6/10/2025
	Donor's Name (First, MI, Last) Date (Mo/Day/Yr)
Email address: fmonteiro225@gmail.com Daytime Phone No. 423503	1332 Evening Phone No. 4235031332 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 taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COP	contact you to ask about prescriptions and over-the-counter medications you may have NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on Y 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:          In accordance with applicable federal requirements, my verification is:         In REGATIVE         In DILUTE         In REFUSAL TO TEST because - check reason(s) below:         In ADULTERATED (adulterant/reason):	TEST CANCELLED
REMARKS:	
<u>X</u>	Review Officer's Name (First, MI, Last) Date (Mo/Day/Yr)
STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN	Acview United S NdHie (FIISt, MI, LdSt) Date (100 Day/11)
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 I	Review Officer's Name (First, MI, Last) Date (Mo/Day/Yr)

(PRIN	<ol> <li>Medical Review</li> </ol>	w Officer's Name	(First, MI, I	Ĺ
COPY 2 - MEDICAL	REVIEW	OFFICER	COPY	

# DRUG & ALCOHOL CLEARINGHOUSE Query Detail

# **Query Overview**

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

### **Query Result: Driver Not Prohibited**

Query Status: Completed (6/10/2025 16:59:35)

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

### **Driver Information**

Name: FERNANDO MONTEIRO Date of Birth: 7/9/1962 CDL/CLP i: US-GA-053012625

### **Consent Information**

**Requested:** 6/10/2025 16:54:45 **Recorded:** 6/10/2025 16:59:35 **Status:** Provided

### **Query History**

Created: 6/10/2025 16:54:45 Completed: 6/10/2025 16:59:35 Query Result: Driver Not Prohibited

# **Open Violations**

**No Open Violations** 

### **LEARN MORE**

The Return-to-Duty Process

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

202-366-4000

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https://clearinghouse.fmcsa.dot.gov/Query/Result/1e6d7421-c2e6-4bfb-9b84-4b1c20aa62e5