

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:

PRE-EMPLOYMENT

COLLECTION DATE / TIME:

06/09/2025 11:05 AM

EDT UTC-4

TEST RESULT:

NEGATIVE

SPECIMEN ID:

CF16974999

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

mro@med-stop.com

TEST LAB PANEL:

W215

MRO REMARKS:

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

MCLAUGHLIN, RAHMEL DWIGHT

DONOR ID:

NC000033175274

NAME OF COMPANY / LOCATION:

RIKI TRANSPORTATION INC

8225 LECLAIRE AVE

BURBANK IL 60459

LOCATION / COLLECTION SITE:

CHARLOTTE'S ELITE LABORATORIE

318 S SOUTH ST

GASTONIA NC 28052-4379

PHONE: (877) 907-1342

LABORATORY PERFORMING TEST:

CLINICAL REFERENCE LABORATORY

8433 QUIVIRA

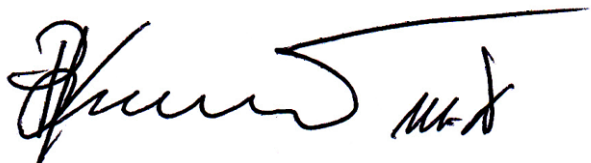
LENEXA KS 66215

PHONE: (800) 452-5677

MEDICAL REVIEW OFFICER:

KWIECINSKI PAUL

SIGNATURE:



LAB RESULT RECEIVED AT:

06/10/2025 03:50 PM CDT UTC-5

MRO COPY BECAME AVAILABLE AT:

06/09/2025 10:10 AM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:

06/10/2025 04:01 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:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	CF16974999	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
06/09/2025 11:05 AM	DOT FMCSA	PHONE: (877) 633-3633
EDT UTC-4		FAX: (847) 647-6608
EMPLOYEE / APPLICANT:		mro@med-stop.com
MCLAUGHLIN RAHMEL DWIGHT		

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
HYC/HYM (300/100)	300 ng/mL	100 ng/mL

MEDICAL REVIEW OFFICER:	DATE / TIME THE RESULT BECAME AVAILABLE:
KWIECINSKI PAUL	06/10/2025 04:01 PM CDT UTC-5

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE 



CF 16974999

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D3119062



Marketplace

8433 Quivira Road
Lenexa, KS 66215

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		Site Location	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 Phone#: (877)633-3633 / Fax#: (847)647-6608 MRO@MED-STOP.COM	
C. Donor SSN, Employee I.D. No., or CDL State and No. NC000033175274				
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG				
E. Reason for Test: <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____				
F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____ W215				
G. Collection Site Address: Charlotte's Elite Laboratories & 318 S South St Gastonia, NC 28052-4379		Collection Site Code: 7GS.5134	Collector Contact Info: Phone (877)907-1342 Fax (704)396-6036 Other info@ce-laboratories.com	

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

☒ URINE☐ ORAL FLUID

COLLECTION: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.	
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark	
ORAL FLUID: Split Type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided	Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.

<input checked="" type="checkbox"/> Signature of Collector Lasha Mayhew (PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr) 6/9/2025	Time of Collection 11:05 EDT PM	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:	
			<input type="checkbox"/> UPS <input checked="" type="checkbox"/> FedEx <input type="checkbox"/> Other _____ 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.

<input checked="" type="checkbox"/> Signature of Donor RAHMEL D MCLAUGHLIN (PRINT) Donor's Name (First, MI, Last)	Date (Mo/Day/Yr) 6/9/2025
Email address: gson20288@gmail.com Daytime Phone No. 4795227676 Evening Phone No. 7083035150 Date of Birth 2/9/1984 (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:	
<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE for: _____ <input type="checkbox"/> DILUTE	
<input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below: <input type="checkbox"/> ADULTERATED (adulterant/reason): _____ <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> TEST CANCELLED
REMARKS:	
<input checked="" type="checkbox"/> 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:

<input type="checkbox"/> RECONFIRMED for: _____ <input type="checkbox"/> FAILED TO RECONFIRM for: _____	<input type="checkbox"/> TEST CANCELLED
REMARKS:	
<input checked="" type="checkbox"/> Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo/Day/Yr)

COPY 2 - MEDICAL REVIEW OFFICER COPY

OMB No. 0930-0158

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (6/11/2025 9:41:53)

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

Driver Information

Name: RAHMEL MCLAUGHLIN

Date of Birth: 2/9/1984

CDL/CLP ⓘ: US-NC-33175274

Consent Information

Requested: 6/11/2025 9:37:52

Recorded: 6/11/2025 9:41:53

Status: Provided

Query History

Created: 6/11/2025 9:37:52

Completed: 6/11/2025 9:41:53

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

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