RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

TEST RESULT:	
CDT UTC-5	
07/07/2025 02:40 PM	DOT FMCSA
COLLECTION DATE / TIME:	TESTING AUTHORITY:
PRE-EMPLOYMENT	CF20613868
PURPOSE OF TEST:	SPECIMEN ID:

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

EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
ALVAREZ ALAMO, ROILAN	RIKI TRANSPORTATION INC
DONOR ID:	8225 LECLAIRE AVE
FLA416720893620	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: 07/08/2025 12:25 PM CDT UTC-5 MRO COPY BECAME AVAILABLE AT: 07/07/2025 02:50 PM CDT UTC-5 DATE / TIME THE RESULT BECAME AVAILABLE: 07/08/2025 12:26 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

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PRE-EMPLOYMENT	CF20613868	
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07/07/2025 02:40 PM	DOT FMCSA	
CDT UTC-5		
EMPLOYEE / APPLICANT:		
ALVAREZ ALAMO ROILAN		

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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
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
DELTA9THCC (50/15)	50 ng/mL	15 ng/mL

MEDICAL REVIEW OFFICER: KWIECINSKI PAUL

DATE / TIME THE RESULT BECAME AVAILABLE: 07/08/2025 12:26 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.DOT1	.D3119062
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE A. Employer Name, Address, I.D. No. Site Location KOVACEVIC RADOSLAV / RIKI TRANSPORTATION INC Site Location 8225 LECLAIRE AVE BURBANK, IL 60459 Phone#: (973)563-3159 / Fax#: (630)485-6980 Site Location	ACCESSION NO. n 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. FL A41672089 D. Specify Testing Authority: HHS NRC Specify DOT Agency: X FMC E. Reason for Test: X Pre-employment Random Reasonable Suspicion/Cause	SA FAA FRA FTA PHMSA USCG
F. Drug Tests to be Performed: X THC, COC, PCP, OPI, AMP THC & COC W215	Only Other (specify)
G. Collection Site Address: Med Stop - Hickory Hills Collection Site C 7831 W 95th St Ste J Hickory Hills, IL 60457-2388	
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 With REMARKS: Image: Concurrent image: Concu	in Expiration Date? Yes No Volume Indicator(s) Observed
STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s). Donor init 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 Deffery Service noted in accordance with applicable federal requirements.	Y TEST FACILITY SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:
X Signature of Collector AM	UPS GedEx
Malgorzata m Bodyzlak 7/7/2025 2:40 CDT PM X (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection STEP 5: COMPLETED BY DONOR	X Other <u>CRL Courier</u> 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 bottle provided on this form and on the label affixed to each specimen bottle/tube is correct.	/tube used was sealed with a tamper-evident seal in my presence; and that the information
	I ALVAREZ ALAMO 7/7/2025
Signature of Donor	Donor's Name (First, MI, Last) Date (Mo/Day/Yr) 7354 Evening Phone No. 7865267354 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 N the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY	contact you to ask about prescriptions and over-the-counter medications you may have IECESSARY. If you choose to make a list, do so either on a separate piece of paper or on
STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN	
In accordance with applicable federal requirements, my verification is: Image: Image	_
REFUSAL TO TEST because - check reason(s) below: ADULTERATED (adulterant/reason): SUBSTITUTED OTHER:	
REMARKS:	/ / /
Signature of Medical Review Officer (PRINT) Medical R STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN In accordance with applicable federal requirements, my verification for the split specimen (if tested) is:	eview Officer's Name (First, MI, Last) Date (Mo/Day/Yr)
RECONFIRMED for: FAILED TO RECONFIRM for:	
REMARKS:	
	eview Officer's Name (First, MI, Last) Date (Mo/Day/Yr)

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 (7/7/2025 15:09:08)

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

Driver Information

Name: ROILAN ALVAREZ ALAMO Date of Birth: 10/2/1989 CDL/CLP :: US-FL-A416720893620

Consent Information

Requested: 7/7/2025 15:01:24 **Recorded:** 7/7/2025 15:09:08 **Status:** Provided

Query History

Created: 7/7/2025 15:01:24 Completed: 7/7/2025 15:09:08 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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https://clearinghouse.fmcsa.dot.gov/Query/Result/bc39e238-e4f7-4791-b407-cf912d46b6a6