

MED-STOP MRO SERVICES 7042 N MILWAUKEE AVE NILES IL 60714 PHONE: (877) 633-3633 FAX: (847) 647-6608

## 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:

11/8/2022 10:07 AM

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

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

PURPOSE OF TEST:

**PRE-EMPLOYMENT** 

COLLECTION DATE / TIME:

11/1/2022 8:16 AM

TEST RESULT:

NEGATIVE

SPECIMEN ID: 3305930

TESTING AUTHORITY: DOT FMCSA MED-STOP MRO SERVICES 7042 N MILWAUKEE AVE NILES IL 60714 PHONE: (877) 633-3633 FAX: (847) 647-6608

TEST LAB PANEL: 65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: **RUIZ, DAVID** SOCIAL SECURITY NUMBER: 627-01-2796 BIRTH DATE: 1/26/1988 NAME OF COMPANY / LOCATION: RIKI TRANSPORTATION INC 8225 LECLAIRE AVE BURBANK IL 60459

LOCATION / COLLECTION SITE: MED-STOP HICKORY HILLS 7831 W 95TH ST HICKORY HILLS IL 60457 PHONE: (708) 546-0551

MEDICAL REVIEW OFFICER: KWIECINSKI PAWEL K

SIGNATURE:

mun) III

LABORATORY PERFORMING TEST: QUEST DIAGNOSTICS 10101 RENNER BLVD LENEXA KS 66219 PHONE: (913) 888-3927 LAB RESULT RECEIVED AT: 11/2/2022 4:22 PM

MRO COPY BECAME AVAILABLE AT: 11/1/2022 8:22 AM

DATE / TIME THE RESULT BECAME AVAILABLE: 11/2/2022 4:27 PM

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

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i dest					10101	RENNER	RIVE

	(C)	Quest Diagnostics*
0	0 0.572.8	800-877-7484

	10101 RENNER BLVD 800-877-74 LENEXA KS 6 www.questdiagnostics.com/mydrugt
	(913) 888-3927
10783041 3305930 SPECIMEN ID NO.	
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE	LAB ACCESSION NO.
	me, Address, Phone No. and Fax No.
RIKI TRANSPORTATION INC	KWIECINSKI, PAWEL MD
8225 LECLAIRE AVE	7042 N MILWAUKEE AVE
BURBANK IL 60459	NILES IL 60714
PHONE (973) 563-3159	PHONE (877) 633-3633
FAX (530) 485-6980	FAX (847) 647-6608
rowing manager of reaction of the second device of which a second first of	
C. Donor SSN, Employee I.D., or CDL State and No.	Page to indicate your SS? a sublitual admini of set
D. Specify Testing Authority: HHS NRC Specify DOT Agency: FMCSA FAA	
E. Reason for Test: 🔼 Pre-employment 🗌 Random 🗌 Reasonable Suspicion/Cause 🗌 Post Accident 🗌	Return to Duty Follow-up C Other (specify)
F. Drug Tests to be Performed: ITHC, COC, PCP, OPI, AMP THC & COC Only	Other (specify)
en herdenen gehenen endes seinen honen en en en einen ein Bestelnen gehenen einen eine	NO SUL TAQUARU NE TURE REPORTED AND AND AND A SARABU
65304N DOT DRUG PANEL w/ts	
Collection S	ite Code: Collector Contact Info:
G. Collection Site Name:	Phone
Address: /831 W 95TH ST	Fax (708)546-0551
City, State and Zip: HICKORY HILLS IL 60457	Other (708)295-9162
TEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate)	
Collection: Split Single None Provided, Enter Remark.	
RINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and	1 100° F? 🔟 Yes 🛛 No, Enter Remark 🗌 Observed, Enter Remark
RAL FLUID: SplitType:  Serial Concurrent Subdivided Each Device Within Exp	iration Date? Yes No Volume Indicator(s) Observed
OR OT MAN Signature of Collector     OPrint) Collector's Name (First, MI, Last)     Date (Mo./Day/Yr.)     Time of Collection     Time of Collection	<u>//</u>
TEP 5: COMPLETED BY DONOR	Name of Delivery Service
I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; e in my presence; and that the information provided on this form and on the label affixed to each spectrum Signature of Donor	-0.2), 11/1/202)
(FRINT) DONOF	's Name (First, MI, Last) Date (Mo./Daγ/Yr.)
ddress d(N.J. 10.2], 3000 greel. (Com Daytime Phone No. 915) 205-2281 Evening Phone	
After the Medical Review Officer receives the test results for the specimen identified by and over-the-counter medications you may have taken. Therefore, you may want to ma S NOT NECESSARY. If you choose to make a list, do so either on a separate piece of pa THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY S	Realist of those medications for your own records. THIS LIST
<b>TEP 6: COMPLETED BY MEDICAL REVIEW OFFICER – PRIMARY SPECIMEN</b> In accordance with applicable federal requirements, my verification is:	URINE ORAL FLUID
NEGATIVE  POSITIVE for:  DILUTE	
REFUSAL TO TEST because – check reason(s) below:	
ADULTERATED (adulterant/reason):	TEST CANCELLED
EMARKS:	
Signature of Medical Review Officer (PRINT) Medical Review Office TEP 7: COMPLETED BY MEDICAL REVIEW OFFICER – SPLIT SPECIMEN	新1 8 後 5 朝 6 小田 1 松田 8 田 9 田 1 田 8 八田 1 田 8 八田 1 田 8 八田 1 田 8 日 8 日 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1 日
a accordance with applicable federal requirements, my verification for split specimen (if teste	1师7月366月1—33665月366 dlies
PECONEIDMED for	
	TEST CANCELLED
EMARKS:	化化 化推升酸 医子脱子 認語 建铁 医筋 计数字编号 医黄素 医子宫
	10783041 3365936
(PRINT) Medical Period	Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)