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

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:

5/2/2023 4:48 PM

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

SPECIMEN ID:
CF10522497

COLLECTION DATE / TIME:
1/12/2023 12:02 PM

TESTING AUTHORITY:
DOT FMCSA

MED-STOP MRO SERVICES
9950 LAWRENCE AVE STE 403
SCHILLER PARK IL 60176
PHONE: (877) 633-3633
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TEST RESULT:

NEGATIVE

TEST LAB PANEL:
65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:
VALDES CABRERA, FERNANDO

DONOR ID:
FLV432240932190

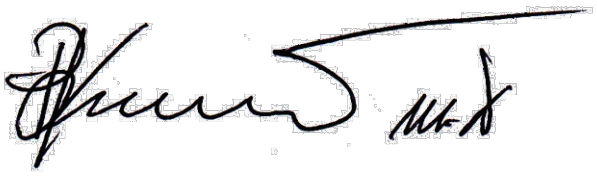
NAME OF COMPANY / LOCATION:
RIKI TRANSPORTATION INC
8225 LECLAIRE AVE
BURBANK IL 60459

LOCATION / COLLECTION SITE:
ANY LAB TEST NOW KENDALL
7436 SW 117TH AVE
MIAMI FL 33183-3806
PHONE: (786) 558-7400

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:
1/13/2023 3:43 PM

MRO COPY BECAME AVAILABLE AT:
1/12/2023 12:05 PM

DATE / TIME THE RESULT BECAME AVAILABLE:
1/13/2023 3:59 PM

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

CF 1 0 5 2 2 4 9 7

SPECIMEN ID NO.

CLIENT NO. 10783041

Quest Diagnostics™

800-877-7484

OMB No. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No.
RIKI TRANSPORTATION INC
8225 LECLAIRE AVE RADOSLAV KOVACEVIC
BURBANK, IL 60459
Phone#: (973)563-3159 Fax#: (630)485-6980

Site Location

B. MRO Name, Address, Phone No. and Fax No.
PAWEL KWIECINSKI MD

7042 N MILWAUKEE AVE MED STOP, INC.
NILES, IL 60714
Phone#: (877)633-3633 Fax#: (847)647-6608

C. Donor SSN, Employee I.D. No., or CDL State and No. **FLV432240932190**

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) ____

65304N

ACCOUNT NUMBER: : **50180822235933**

G. Collection Site Address: **Any Lab Test Now - Kendall, Inc**
7436 SW 117th Ave
Miami, FL 33183-3806

Collection Site Code: **FL019**

Collector Contact Info: Phone **(786)558-7400**
Fax **(786)558-7405**
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:

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 ____ Signature of Collector

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

1/12/2023 Date (Mo/Day/Yr)

12:02 EST ☐ AM ☒ PM Time of Collection

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

☐ UPS ☒ FedEx

☐ Quest Diagnostics Courier ☐ 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.

X ____ Signature of Donor

FERNANDO VALDES CABRERA (PRINT) Donor's Name (First, MI, Last)

1/12/2023 Date (Mo/Day/Yr)

Email address: N/A Daytime Phone No. 7862605614 Evening Phone No. 7862605614 Date of Birth 6/19/1993 (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)

COPY 2 - MEDICAL REVIEW OFFICER COPY