



MED-STOP MRO SERVICES
7042 N MILWAUKEE AVE
NILES IL 60714
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:

12/15/2022 11:52 AM

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:	SPECIMEN ID:	MED-STOP MRO SERVICES
RANDOM	CF10367230	7042 N MILWAUKEE AVE
COLLECTION DATE / TIME:	TESTING AUTHORITY:	NILES IL 60714
10/11/2022 3:03 PM	DOT FMCSA	PHONE: (877) 633-3633
		FAX: (847) 647-6608
TEST RESULT:		mro@med-stop.com

NEGATIVE

TEST LAB PANEL:
W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:
GRIFFITH, JON TAYLOR
SOCIAL SECURITY NUMBER:
646-12-1799
BIRTH DATE:
6/9/1992

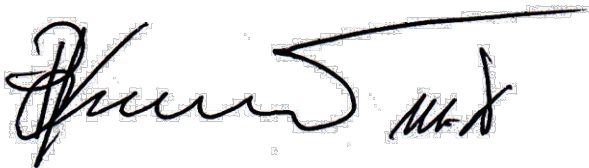
NAME OF COMPANY / LOCATION:
RIKI TRANSPORTATION INC
8225 LECLAIRE AVE
BURBANK IL 60459

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

LABORATORY PERFORMING TEST:
CLINICAL REFERENCE LABORATORY
8433 QUIVIRA
LENEXA KS 66215
PHONE: (800) 452-5677

MEDICAL REVIEW OFFICER:
KWIECINSKI PAWEL K

SIGNATURE:



LAB RESULT RECEIVED AT:
10/12/2022 9:47 AM

MRO COPY BECAME AVAILABLE AT:
10/11/2022 3:10 PM

DATE / TIME THE RESULT BECAME AVAILABLE:
10/12/2022 10:25 AM

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





CF10367230

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D3119062

ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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. PAWEL KWIECINSKI, MD (MRO4478) MED-STOP INC 7042 N MILWAUKEE AVE NILES, IL 60714 Phone#: (877)633-3633 / Fax#: (847)647-6608	
C. Donor SSN, Employee I.D. No., or CDL State and No. AZ D06130673				
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 type="checkbox"/> Pre-employment <input checked="" 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: Med Stop - Hickory Hills 7831 W 95th St Ste J Hickory Hills, IL 60457-2388		Collection Site Code: YMS.0003	Collector Contact Info: Phone (708)546-0551 Fax (708)295-9162 Other info@med-stop.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.		SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:	
<input checked="" type="checkbox"/> Signature of Collector Dorota Moniuszko (PRINT) Collector's Name (First, MI, Last)		<input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input checked="" type="checkbox"/> Other CRL Courier Name of Delivery Service	
10/11/2022 Date (Mo/Day/Yr)		3:03 CDT PM Time of Collection	

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 JON T GRIFFITH (PRINT) Donor's Name (First, MI, Last)		10/11/2022 Date (Mo/Day/Yr)	
Email address: N/A Daytime Phone No. 5204999166 Evening Phone No. 5204999166 Date of Birth 6/9/1992 (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"/> TEST CANCELLED <input type="checkbox"/> ADULTERATED (adulterant/reason): _____ <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> OTHER: _____		
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"/> TEST CANCELLED <input type="checkbox"/> FAILED TO RECONFIRM for: _____		
REMARKS:		
<input checked="" type="checkbox"/> Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo/Day/Yr)		

COPY 5 - DONOR COPY