



CF 11898021

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

C. Donor SSN, Employee I.D. No., or CDL State and No. **MI A613439007167**

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) _____

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).

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

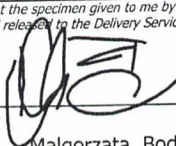
ORAL FLUID: Split Type: ☐ Serial ☐ Concurrent ☐ Subdivided Each Device Within Expiration Date? ☐ Yes ☐ No ☐ Volume Indicator(s) Observed

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

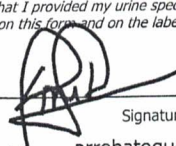
I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable federal requirements.

X 
Signature of Collector **Malgorzata Bodyziak** **1/19/2023** **9:50 CST** AM X
(PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:
☐ UPS ☐ FedEx ☒ Other **CRL Courier**
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 **JORGE L ARREBATO GUERRA** **1/19/2023**
(PRINT) Donor's Name (First, MI, Last) Date (Mo/Day/Yr)

Email address: **arrebatoaguerrajorgel@gmail.com** Daytime Phone No. **5176194522** Evening Phone No. **5176194522** Date of Birth **3/4/1969**
(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)

SERVICE AGREEMENT AND RECEIPT

CUSTOMER NAME

**ARREBATO GUERRA, JORGE
LUIS**

CUSTOMER MED-STOP CODE

40230102292845

CUSTOMER ADDRESS

**320 GATEWOOD DR 0-02
LANSING MI 48917**

SERVICE LOCATION

**MED-STOP HICKORY HILLS
7831 W 95TH ST
HICKORY HILLS IL 60457**

TRANSACTION CODE

60230119520825

TRANSACTION DATE AND TIME

1/19/2023 9:45 AM

SERVICE DATE AND TIME

1/19/2023 9:45 AM

SERVICES PERFORMED

DRUG TEST - PRE-EMPLOYMENT

AMOUNT

\$90.00

TRANSACTION TYPE: PRE-PAID BY EMPLOYER RIKI TRANSPORTATION INC PROCESSED ON: 1/19/2023 9:45:27 AM

TOTAL**\$90.00****Med-Stop Service Agreement**

This Med-Stop Service agreement is made and effective on 1/19/2023 date between ARREBATO GUERRA, JORGE LUIS with the main address at 320 GATEWOOD DR 0-02 LANSING MI 48917 and Med-Stop with the main office located at 7042 N. MILWAUKEE AVE. NILES, ILLINOIS 60714.

1. Service consent

I ARREBATO GUERRA, JORGE LUIS, consent to the Med-Stop service provided to me and understand that the service is performed for the purpose of creating protected health information to determine my fitness to perform the safety-sensitive functions as required by the federal regulations under 49 CFR part 382, and 40, or as specified by my current or prospective employer. I will not hold Med-Stop, its employees or contractors responsible for any errors or omissions that I may have made during the service. I understand that the Med-Stop service provided must strictly adhere to applicable laws, rules, and regulations.

2. Financial charges

I ARREBATO GUERRA, JORGE LUIS understand that all charges are due at the time of the service. I agree to pay all Med-Stop charges for the service provided to me by the Med-Stop collectors or medical examiners. The charge for the service is nonrefundable.

3. Confidentiality and release of information

I ARREBATO GUERRA, JORGE LUIS understand that my personal information and service records may be disclosed or used only as permitted by applicable laws and regulations. Med-Stop is not permitted to disclose my service records to third parties without written consent unless allowed or required by law. A "third party" is any person or organization to whom specific regulations do not explicitly authorize or require the transmission of information in the course of the service process. I understand that my service records may be released (without your consent) in certain situations, such as legal proceedings, grievances, or administrative proceedings brought by you or on your behalf which resulted from a positive drug or alcohol test or refusal to submit to a drug or alcohol test.

4. Personal valuables

Med-Stop shall not be liable for the loss of or damage to any money, documents, or other personal property that may occur during the visit to the Med-Stop Test Centers.

For Additional Services visit us on the Internet

<https://med-stop.com>**Using Med-Stop you can:**

- Fax your test results to selected employer
- Keep track of all important dates especially your Medical Examination Expiration date
- Request reprints - duplicates of your recent Medical Examiner's Certificate
- Update your address and contact information

Accessing Med-Stop is easy:

- Open our web site: <https://med-stop.com>
- Click the "Sign In" button located in the top right corner
- On the secured Login Page type your Med-Stop User Name.

Your initial Med-Stop User Name is:**40230102292845****Your initial Password is:**

I hereby enter into this agreement with Med-Stop, certify that I have read and agree to the foregoing. I understand that I will get a copy of this agreement after I sign it.



Customer signature

Test Notification



Expires on 01/22/2023 10:00 AM CST

Med-Stop Code: 52230119520136

49 CFR 382.113 REQUIREMENT FOR NOTICE

Before performing each alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name **RIKI TRANSPORTATION INC**

Company Address **8225 LECLAIRE AVE BURBANK IL 60459**

Company Phone **(973) 563-3159**

Company DER **KOVACEVIC, RADOSLAV**

Donor Name **ARREBATO GUERRA, JORGE**

Donor Phone **(517) 619-4522**

Donor ID **MIA613439007167**

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations. Please bring this confirmation and your driver's license or other government issued photo ID to the collection site for identification.

Laboratory **PHONE: FAX:**

Company Account

Med-Stop Code **52230119520136**

Not Later than **01/19/2023 10:00 AM CST UTC-6**

Test Type **DRUG TEST DOT REGULATED FMCSA W215**

Reason for Test **PRE-EMPLOYMENT**

Collection Site **MED-STOP HICKORY HILLS**

Collection Site Address **7831 W 95TH ST HICKORY HILLS IL 60457**

Collection Site Phone **(708) 546-0551**

Collection Site Fax Number **(708) 295-9162**

Collection Site Work Hours **8:00am - 2:00pm 11:00am - 7:00pm 2:00pm - 7:00pm**

Test Payment Form **EMPLOYER**

Test Instructions

Medical Review Officer **PHONE: FAX:**

I understand as a condition of my employment with this company, the above identified test is required.

Donor Signature

Date

Designated Employer Representative Signature

Date

COMPLIANCE REQUIREMENTS

Selected person must report for drug and/or alcohol testing IMMEDIATELY after receipt of this document. Personnel who do not comply in a timely manner will be listed as Refusal to Test. Please bring your government issued Photo Id for identification at the Collection Facility.

You must provide the Collector with the Med-Stop Code: 52230119520136