MED-STOP

SERVICE AGREEMENT AND RECEIPT

CUSTOMER NAME

NAVARRETE, JOSEPH NICHOLAS

CUSTOMER MED-STOP CODE

40220811831540

CUSTOMER ADDRESS

20620 GULFSTREAM RD MIAMI FL 33189

SERVICE LOCATION

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

TRANSACTION CODE

60230207930732

TRANSACTION DATE AND TIME

2/7/2023 6:14 PM

SERVICE DATE AND TIME

2/7/2023 6:14 PM

SERVICES PERFORMED	AMOUNT
DRUG TEST - PRE-EMPLOYMENT	**$90.00**

TRANSACTION TYPE: PRE-PAID BY EMPLOYER RIKI TRANSPORTATION INC PROCESSED ON: 2/7/2023 6:14:04 PM

TOTAL **$90.00**

Med-Stop Service Agreement

This Med-Stop Service agreement is made and effective on 2/7/2023 date between NAVARRETE, JOSEPH NICHOLAS with the main address at 20620 GULFSTREAM RD MIAMI FL 33189 and Med-Stop with the main office located at 7042 N. MILWAUKEE AVE. NILES, ILLINOIS 60714.

1. Service consent
I NAVARRETE, JOSEPH NICHOLAS, 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 NAVARRETE, JOSEPH NICHOLAS 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 NAVARRETE, JOSEPH NICHOLAS 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:

40220811831540

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

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

CF11898200

SPECIMEN ID NO.

8433 Quivira Road
Lenexa, KS 66215

CRL

CLIENT NO. YMS.DOT1.D3119062

ACCESSION NO.

OMB No. 0930-0158

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. **FL N163494793900**

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 **W215** ☐ 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). ☒ **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

Malgorzata Bodyziak (PRINT) Collector's Name (First, MI, Last) | 2/7/2023 Date (Mo/Day/Yr) | 6:19 CST AM PM X 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

JOSEPH N NAVARRETE (PRINT) Donor's Name (First, MI, Last)

2/7/2023 Date (Mo/Day/Yr)

Email address: N/A Daytime Phone No. 3053037088 Evening Phone No. 3053037088 Date of Birth 10/30/1979 (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 5 – DONOR COPY

Test Notification

Expires on 02/10/2023 06:00 PM CST

Med-Stop Code: 52230207930349

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	**NAVARRETE, JOSEPH**
Donor Phone	(305) 303-7088
Donor ID	FLN163494793900

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

Laboratory	**PHONE: FAX:**
Company Account	
Med-Stop Code	**52230207930349**
Not Later than	02/07/2023 06:00 PM CST UTC-6
Test Type	**DRUG TEST DOT REGULATED FMCSA 65304N**
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 - 4:00pm 1:00pm - 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: 52230207930349