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**MED-STOP MRO SERVICES**  
**9950 LAWRENCE AVE STE 403**  
**SCHILLER PARK IL 60176**  
**PHONE: (708) 699-2347**  
**FAX: (847) 647-6608**  
**EMAIL: mro@med-stop.com**

# MRO RESULT

**TO:**

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**RIKI TRANSPORTATION INC**  
**8225 LECLAIRE AVE**  
**BURBANK IL 60459**  
**PHONE: (973) 563-3159**  
**FAX: (630) 485-6980**

**ATTENTION TO:**

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**RADOSLAV KOVACEVIC**

**SUBJECT:**

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**URINE DRUG TESTING RESULTS**

**DOCUMENT CREATED AT:**

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**04/24/2024 07:58 PM CDT UTC-5**

**PAGES:**

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**3**

**THIS SECURE FAX NUMBER HAS BEEN PROVIDED TO MED-STOP MRO SERVICES BY EMPLOYERS  
REPRESENTATIVE IDENTIFIED AS SAFETY OFFICER**

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**PLEASE FORWARD TO THE SAFETY OFFICER**

**CONFIDENTIAL**

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

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
<b>RANDOM</b>	<b>CF17162481</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>04/22/2024 02:28 PM</b>	<b>DOT FMCSA</b>	<b>PHONE: (708) 699-2347</b>
<b>CDT UTC-5</b>		<b>FAX: (847) 647-6608</b>
TEST RESULT:		<b>EMAIL: mro@med-stop.com</b>

**POSITIVE**

COCAINE METABOLITE

TEST LAB PANEL:

MRO REMARKS:

3041

POSITIVE

SEE ATTACHED REGULATIONS FOR EMPLOYER ACTIONS FOLLOWING MRO REPORT

EMPLOYEE / APPLICANT:  
**SOROKEY, MARK TIMOTHY**

DONOR ID:  
**NY627541656**

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:  
**PODREBARAC DAVID M**

SIGNATURE:



LAB RESULT RECEIVED AT:  
**04/24/2024 02:49 PM CDT UTC-5**

MRO COPY BECAME AVAILABLE AT:  
**04/22/2024 02:30 PM CDT UTC-5**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**04/24/2024 05:15 PM CDT UTC-5**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



§ 40.23 What actions do employers take after receiving verified test results?

- a) As an employer who receives a verified positive drug test result, you must immediately remove the employee involved from performing safety-sensitive functions. You must take this action upon receiving the initial report of the verified positive test result. Do not wait to receive the written report or the result of a split specimen test.
- (b) As an employer who receives a verified adulterated or substituted drug test result, you must consider this a refusal to test and immediately remove the employee involved from performing safety-sensitive functions. You must take this action on receiving the initial report of the verified adulterated or substituted test result. Do not wait to receive the written report or the result of a split specimen test.
- (c) As an employer who receives an alcohol test result of 0.04 or higher, you must immediately remove the employee involved from performing safety-sensitive functions. If you receive an alcohol test result of 0.02–0.39, you must temporarily remove the employee involved from performing safety-sensitive functions, as provided in applicable DOT agency regulations. Do not wait to receive the written report of the result of the test.
- (d) As an employer, when an employee has a verified positive, adulterated, or substituted test result, or has otherwise violated a DOT agency drug and alcohol regulation, you must not return the employee to the performance of safety-sensitive functions until or unless the employee successfully completes the return-to-duty process of Subpart O of this part.
- (e) As an employer who receives a drug test result indicating that the employee's specimen was dilute, take action as provided in §40.197.
- (f) As an employer who receives a drug test result indicating that the employee's specimen was invalid and that a second collection must take place under direct observation—
  - (1) You must immediately direct the employee to provide a new specimen under direct observation.
  - (2) You must not attach consequences to the finding that the test was invalid other than collecting a new specimen under direct observation.
  - (3) You must not give any advance notice of this test requirement to the employee.
  - (4) You must instruct the collector to note on the CCF the same reason (e.g. random test, post-accident test) as for the original collection.
- (g) As an employer who receives a cancelled test result when a negative result is required (e.g., pre-employment, return-to-duty, or follow-up test), you must direct the employee to provide another specimen immediately.
- (h) As an employer, you may also be required to take additional actions required by DOT agency regulations (e.g., FAA rules require some positive drug tests to be reported to the Federal Air Surgeon). Page 12 of 103
- (i) As an employer, you must not alter a drug or alcohol test result transmitted to you by an MRO, BAT, or C/TPA.



C F 1 7 1 6 2 4 8 1

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D3119062

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

ACCESSION NO.

A. Employer Name, Address, I.D. No.

Site Location

B. MRO Name, Address, Phone No. and Fax No.

KOVACEVIC RADOSLAV  
RIKI TRANSPORTATION INC  
8225 LECLAIRE AVE  
BURBANK, IL 60459  
Phone#: (973)563-3159 / Fax#: (630)485-6980PAWEL KWIECINSKI, MD (MRO4478)  
MED-STOP INC  
9950 LAWRENCE AVE  
SUITE 403  
SCHILLER PARK, IL 60176  
Phone#: (877)633-3633 / Fax#: (847)647-6608**NY 627541656**

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

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) \_\_\_\_\_**W215**G. Collection Site Address: **Med Stop - Hickory Hills**

Collection Site Code:

Collector Contact Info: Phone **(708)546-0551****7831 W 95th St Ste J****YMS.0003**Fax **(708)295-9162****Hickory Hills, IL 60457-2388**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

4/22/2024

AM  
2:28 CDT PM **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

**MARK T SOROKEY**

(PRINT) Donor's Name (First, MI, Last)

**4/22/2024**

Date (Mo/Day/Yr)

**11/1/1988**

(Mo/Day/Yr)

Email address: **N/A** Daytime Phone No. **5189657952** Evening Phone No. **5189657952** Date of Birth

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:**☐ **ADULTERATED (adulterant/reason):** \_\_\_\_\_☐ **SUBSTITUTED**☐ **OTHER:** \_\_\_\_\_☐ **TEST CANCELLED**

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

## Termination for Positive Random Drug Test



S

**Safety Department** <safety@rtbrz.com>

to Mark ▾

7:57 PM (0 minutes ago) ☆ ↶ ⋮

Hello Mark,

You have tested positive for a banned substance as a result of a random drug test. As such, you are immediately Prohibited from operating a CMV as well effective Immediately terminated from Riki Transportation Inc DBA BRZ.

Below are some Substance Abuse Professionals in your hometown area. You must complete a Return to Duty process to remove the Prohibited Driver Status. An FMCSA Approved Substance abuse Professional will start this process for you.

[Kimberley May, Substance Abuse Professional at SAPlist](#)

DR Kimberley May  
1000 N Ashley Dr Suite 512  
Tampa FL 33602  
813-506-4600

[Marion C. Huey, Substance Abuse Professional at SAPlist](#)

Dr Marion C Huey  
1211 N Westshore Blvd Suite 411  
Tampa FL 33607  
727-656-8162

[Cynthia Athey, Substance Abuse Professional at SAPlist](#)

Cynthia Athey  
7901 4<sup>th</sup> St N Ste 300  
St Petersburg, FL 33702  
727-815-6017

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[Safety Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#066875  
8225 Leclaire Ave,  
Burbank, IL 60459  
Phone Number: (708) 303-5150  
Email: [safety@rtbrz.com](mailto:safety@rtbrz.com)

↶ Reply

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