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**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:**

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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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**2/15/2023 9:59 AM**

**PAGES:**

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**2**

**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>PRE-EMPLOYMENT</b>	<b>CF11898181</b>	<b>7042 N MILWAUKEE AVE</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>NILES IL 60714</b>
<b>2/6/2023 11:49 AM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
		<b>FAX: (847) 647-6608</b>
TEST RESULT:		<b>mro@med-stop.com</b>

**NEGATIVE**

TEST LAB PANEL:  
W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:  
**DETSCHER, PATRICK FRANCIS**  
DONOR ID:  
**FLD326666582660**

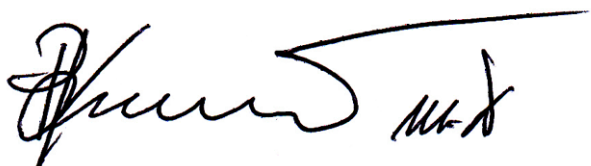
NAME OF COMPANY / LOCATION:  
**RIKI TRANSPORTATION INC**  
**8225 LECLAIRE AVE**  
**BURBANK IL 60459**

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:  
**2/7/2023 9:10 AM**

MRO COPY BECAME AVAILABLE AT:  
**2/6/2023 12:05 PM**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**2/7/2023 9:32 AM**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



# Test Notification



Expires on 02/09/2023 11:30 AM CST

Med-Stop Code: 52230206906030

## 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 **DETSCHER, PATRICK**

Donor Phone **(850) 591-4983**

Donor ID **FLD326666582660**

**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 **52230206906030**

Not Later than **02/06/2023 11:30 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 8:00am - 5:00pm 2:00pm - 5:00pm**

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: 52230206906030**