



MED-STOP MRO SERVICES
9950 LAWRENCE AVE STE 403
SCHILLER PARK IL 60176
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:

6/29/2023 11:03 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:

PRE-EMPLOYMENT

SPECIMEN ID:

CF14001762

COLLECTION DATE / TIME:

6/21/2023 1:15 PM

TESTING AUTHORITY:

DOT FMCSA**MED-STOP MRO SERVICES****9950 LAWRENCE AVE STE 403****SCHILLER PARK IL 60176****PHONE: (877) 633-3633****FAX: (847) 647-6608****mro@med-stop.com**

TEST RESULT:

NEGATIVE

TEST LAB PANEL:

W215**THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS**

EMPLOYEE / APPLICANT:

DIAZ, CESAR

DONOR ID:

NJD40281200010882

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**

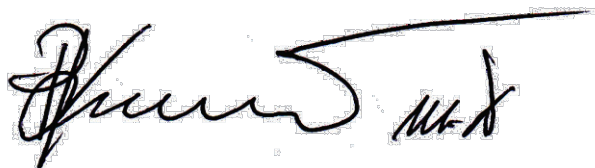
LABORATORY PERFORMING TEST:

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

MEDICAL REVIEW OFFICER:

KWIECINSKI PAWEL K

SIGNATURE:



LAB RESULT RECEIVED AT:

6/22/2023 8:11 AM

MRO COPY BECAME AVAILABLE AT:

6/21/2023 2:01 PM

DATE / TIME THE RESULT BECAME AVAILABLE:

6/22/2023 8:22 AM**THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





CF14001762

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D3119062

8433 Quivira Road
Lenexa, KS 66215

OMB No. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

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
9950 LAWRENCE AVE
SUITE 403
SCHILLER PARK, IL 60176
Phone#: (877)633-3633 / Fax#: (847)647-6608

NJ D40281200010882

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 FLUIDCOLLECTION: ☒ 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 RemarkORAL 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.

☒

Signature of Collector

Dorota Moniuszko

6/21/2023

AM
1:15 CDT PM ☒

(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.

☒

Signature of Donor

CESAR DIAZ

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

6/21/2023

Date (Mo/Day/Yr)

Email address: kchn1988@yahoo.com

Daytime Phone No. 9086665065

Evening Phone No. 9086665065

Date of Birth 10/17/1988

(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:☐ ADULTERATED (adulterant/reason): _____☐ SUBSTITUTED☐ OTHER: _____☐ TEST CANCELLED

REMARKS:

☒

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: _____☐ FAILED TO RECONFIRM for: _____☐ TEST CANCELLED

REMARKS:

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo/Day/Yr)