

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:

7/27/2023 3:16 PM

PAGES:

2

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:SPECIMEN ID:PRE-EMPLOYMENTCF14002564COLLECTION DATE / TIME:TESTING AUTHORITY:7/13/2023 3:09 PMDOT FMCSA

TEST RESULT:

NEGATIVE

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 LAB PANEL: W215

THIS TEST WAS PERFORMED AC	CORDING TO 49CFR.40 REGULATIONS
EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
BAISDEN, STEVE CLIFFTON RYAN	RIKI TRANSPORTATION INC
DONOR ID:	8225 LECLAIRE AVE
NM123990285	BURBANK IL 60459
LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:
MED-STOP HICKORY HILLS	CLINICAL REFERENCE LABORATORY
7831 W 95TH ST	8433 QUIVIRA
HICKORY HILLS IL 60457	LENEXA KS 66215
PHONE: (708) 546-0551	PHONE: (800) 452-5677
MEDICAL REVIEW OFFICER:	LAB RESULT RECEIVED AT:
KWIECINSKI PAWEL K	7/14/2023 10:17 AM
SIGNATURE: Huns Mith	MRO COPY BECAME AVAILABLE AT: 7/13/2023 3:41 PM DATE / TIME THE RESULT BECAME AVAILABLE: 7/14/2023 10:31 AM

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

FEDERAL DRUG TESTING CUSTODY AND			8	3433 Quivira Road
			l	Lenexa, KS 66215
C F 1 4 0 0 2 5	• •		10000	
SPECIMEN ID NO. STEP 1: COMPLETED BY COLLECTOR		NO. YMS.DOT1.D31	ACCESS	
A. Employer Name, Address, I.D. No.		Site Location		e, Address, Phone No. and Fax No.
KOVACEVIC RADOSLAV				VIECINSKI, MD (MRO4478)
RIKI TRANSPORTATION INC			MED-STOP	PINC
8225 LECLAIRE AVE			9950 LAW SUITE 403	RENCE AVE
BURBANK, IL 60459 Phone#: (973)563-3159 / Fax#: (630))485-6980			PARK, IL 60176
	NM	123990285		877)633-3633 / Fax#: (847)647-6608
C. Donor SSN, Employee I.D. No., or CD	L State and No.			
	NRC Specify DO			
E. Reason for Test: X Pre-employment		Suspicion/Cause Post		
F. Drug Tests to be Performed:	HC, COC, PCP, OPI, AMP	THC & COC Only	Other (specify	
	W215			
G. Collection Site Address: Med Stop	- Hickory Hills	Collection Site Code:	Collector Contact In	fo: Phone (708)546-0551
	5th St Ste J	-		Fax (708)295-9162
		YMS.0003		Other info@med-stop.com
	ills, IL 60457-2388		— ————	
STEP 2: COMPLETED BY COLLECTOR	(make remarks when a	ppropriate).		ORAL FLUID
COLLECTION: X Split Single	None Provided, Ent	er Remark.		
URINE: Collector reads urine temperatur	re within 4 minutes. Temper	ature between 90° and 100°F	? X Yes No	, Enter Remark Observed, Enter Rema
ORAL FLUID: Split Type: Serial	Concurrent Subdivide	ed Each Device Within Exp		No Volume Indicator(s) Obser
REMARKS:				
REMARNS.				
STEP 3: Collector affixes seal(s) to bottle		es seal(s). Donor initials se	eal(s). Donor completes	STEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIA			T FACILITY	
I certify that the specimen given to me by the donor identified in sealed, and released to the Delivery Service noted in accordance	the certification section on Copy 2 of this		T FACILITY	
I certify that the specimen given to me by the donor identified in sealed, and released to the Delivery Service noted in accordance	the certification section on Copy 2 of this	form was collected, labeled,	-	JBE(S) RELEASED TO:
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,	CIMEN BOTTLE(S)/TU	JBE(S) RELEASED TO:
T certify that the specimen given to me by the donor identified in sealed, and released to the Delivery Service noted in accordance X Hopward Sa Hubrow Uccie Signatu	the certification section on Copy 2 of this	form was collected, labeled, SPE U AM	CIMEN BOTTLE(S)/TU	FedEx
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COPY 2 - MEDICAL REVIEW OFFICER COPY