



C F 1 8 4 6 8 1 4 7

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D3119062

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

ACCESSION NO.

<b>A. Employer Name, Address, I.D. No.</b> KOVACEVIC RADOSLAV / RIKI TRANSPORTATION INC 8225 LECLAIRE AVE BURBANK, IL 60459 Phone#: (973)563-3159 / Fax#: (630)485-6980		<b>Site Location</b>	<b>B. MRO Name, Address, Phone No. and Fax No.</b> PAWEL KWIECINSKI, MD (MRO4478) MED-STOP INC 9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176 Phone#: (877)633-3633 / Fax#: (847)647-6608 MRO@MED-STOP.COM	
<b>C. Donor SSN, Employee I.D. No., or CDL State and No.</b> <b>FL G235864656000</b>				
<b>D. Specify Testing Authority:</b> <input type="checkbox"/> HHS <input type="checkbox"/> NRC <b>Specify DOT Agency:</b> <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG				
<b>E. Reason for Test:</b> <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify)				
<b>F. Drug Tests to be Performed:</b> <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) <b>W215</b>				
<b>G. Collection Site Address:</b> <b>Med Stop - Hickory Hills</b> <b>7831 W 95th St Ste J</b> <b>Hickory Hills, IL 60457-2388</b>		<b>Collection Site Code:</b> <b>YMS.0003</b>	<b>Collector Contact Info:</b> Phone <b>(708)546-0551</b> Fax <b>(708)295-9162</b> Other <b>info@med-stop.com</b>	

OMB No. 0930-0158

**STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).**☒ **URINE**☐ **ORAL FLUID**

<b>COLLECTION:</b> <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.			
<b>URINE: Collector reads urine temperature within 4 minutes.</b> Temperature between 90° and 100°F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark			
<b>ORAL FLUID: Split Type:</b> <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided		<b>Each Device Within Expiration Date?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volume Indicator(s) Observed	
<b>REMARKS:</b>			

**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.

<b>X</b> Signature of Collector Małgorzata Bodyziak (PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr) 2/24/2025 Time of Collection 10:52 CST PM AM <b>X</b>	<b>SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:</b> <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input checked="" type="checkbox"/> 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.

<b>X</b> Signature of Donor	WILFREDO GONZALEZ RODRIGUEZ (PRINT) Donor's Name (First, MI, Last)	2/24/2025 Date (Mo/Day/Yr)
Email address: N/A	Daytime Phone No. 3057263148 Evening Phone No. 3057263148	1/12/1986 Date of Birth (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: <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE for: _____ <input type="checkbox"/> DILUTE		
<input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below: <input type="checkbox"/> ADULTERATED (adulterant/reason): _____ <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> OTHER: _____		<input type="checkbox"/> TEST CANCELLED
<b>REMARKS:</b>		
<b>X</b> 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:

<input type="checkbox"/> RECONFIRMED for: _____ <input type="checkbox"/> FAILED TO RECONFIRM for: _____	<input type="checkbox"/> TEST CANCELLED
<b>REMARKS:</b>	
<b>X</b> Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last)
/ / Date (Mo/Day/Yr)	

COPY 2 - MEDICAL REVIEW OFFICER COPY



---

**MED-STOP MRO SERVICES**  
**9950 LAWRENCE AVE STE 403**  
**SCHILLER PARK IL 60176**  
**PHONE: (877) 633-3633**  
**FAX: (847) 647-6608**  
**EMAIL: 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:**

---

**02/25/2025 03:47 PM CST UTC-6**

**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:	MED-STOP MRO SERVICES
<b>PRE-EMPLOYMENT</b>	<b>CF18468147</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>02/24/2025 10:49 AM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>CST UTC-6</b>		<b>FAX: (847) 647-6608</b>
TEST RESULT:		<b>EMAIL: mro@med-stop.com</b>

**NEGATIVE**

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:  
**GONZALEZ RODRIGUEZ, WILFREDO**

DONOR ID:  
**FLG235864656000**

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**

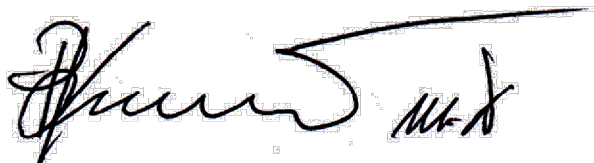
**8433 QUIVIRA**

**LENEXA KS 66215**

**PHONE: (800) 452-5677**

MEDICAL REVIEW OFFICER:  
**KWIECINSKI PAWEL K**

SIGNATURE:



LAB RESULT RECEIVED AT:  
**02/25/2025 01:52 PM CST UTC-6**

MRO COPY BECAME AVAILABLE AT:  
**02/24/2025 10:55 AM CST UTC-6**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**02/25/2025 02:04 PM CST UTC-6**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



## RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:

**PRE-EMPLOYMENT**

COLLECTION DATE / TIME:

**02/24/2025 10:49 AM**

**CST UTC-6**

TEST RESULT:

SPECIMEN ID:

**CF18468147**

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**

**NEGATIVE**

TEST LAB PANEL:

MRO REMARKS:

**W215**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

**GONZALEZ RODRIGUEZ, WILFREDO**

DONOR ID:

**FLG235864656000**

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**

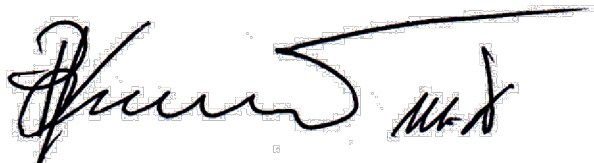
**LENEXA KS 66215**

**PHONE: (800) 452-5677**

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAWEL K**

SIGNATURE:



LAB RESULT RECEIVED AT:

**02/25/2025 01:52 PM CST UTC-6**

MRO COPY BECAME AVAILABLE AT:

**02/24/2025 10:55 AM CST UTC-6**

DATE / TIME THE RESULT BECAME AVAILABLE:

**02/25/2025 02:04 PM CST UTC-6**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



## PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:

**PRE-EMPLOYMENT**

SPECIMEN ID:

**CF18468147**

COLLECTION DATE / TIME:

**02/24/2025 10:49 AM****CST UTC-6**

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**

EMPLOYEE / APPLICANT:

**mro@med-stop.com****GONZALEZ RODRIGUEZ WILFREDO**

DRUG CLASS

INITIAL SCREENING CUT-OFF LIMIT

CONFIRMATION CUT-OFF LIMIT

<b>6-AM (10/10)</b>	<b>10 ng/mL</b>	<b>10 ng/mL</b>
<b>AMP/MAMP (500/250)</b>	<b>500 ng/mL</b>	<b>250 ng/mL</b>
<b>COCAINE METABOLITE (150/100)</b>	<b>150 ng/mL</b>	<b>100 ng/mL</b>
<b>MARIJUANA METABOLITES (50/15)</b>	<b>50 ng/mL</b>	<b>15 ng/mL</b>
<b>COD/MOR (2000/2000)</b>	<b>2000 ng/mL</b>	<b>2000 ng/mL</b>
<b>OXYC/OXYM (100/100)</b>	<b>100 ng/mL</b>	<b>100 ng/mL</b>
<b>PHENCYCLIDINE (25/25)</b>	<b>25 ng/mL</b>	<b>25 ng/mL</b>
<b>MDMA/MDA (500/250)</b>	<b>500 ng/mL</b>	<b>250 ng/mL</b>
<b>HYC/HYM (300/100)</b>	<b>300 ng/mL</b>	<b>100 ng/mL</b>

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAWEL K**

DATE / TIME THE RESULT BECAME AVAILABLE:

**02/25/2025 02:04 PM CST UTC-6**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



On **Wednesday, February 26, 2025**, from 6:00 pm to 10:00 pm Eastern Time, the Commercial Driver's License Information System (CDLIS) Gateway will be intermittently unavailable due to scheduled system maintenance. Clearinghouse users may experience issues verifying driver information during this maintenance time.

# DRUG & ALCOHOL CLEARINGHOUSE



## Query Detail

### Query Overview

**Employer Conducting Query:** RIKI TRANSPORTATION INC (USDOT# 3119062)

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (2/24/2025 11:03:44)

**Conducted By:** Mateja Markovic | **Query Type:** Pre-employment | **Query Submitted:** Manually

#### Driver Information

**Name:** WILFREDO GONZALEZ RODRIGUEZ

**Date of Birth:** 1/12/1986

**CDL/CLP** ⓘ : US-FL-G235864656000

#### Consent Information

**Requested:** 2/24/2025 10:50:29

**Recorded:** 2/24/2025 11:03:44

**Status:** Provided

#### Query History

**Created:** 2/24/2025 10:50:29

**Completed:** 2/24/2025 11:03:44

**Query Result:** Driver Not Prohibited

### Open Violations

**No Open Violations**

### LEARN MORE

 [The Return-to-Duty Process](#)

U.S. DEPARTMENT OF TRANSPORTATION

**Federal Motor Carrier Safety Administration**

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

202-366-4000

Subscribe To Email Update



**About**

About FMCSA  
Registration  
Regulations  
Safety  
Analysis  
Careers  
FMCSA Portal

**News and Events**

FMCSA Newsroom  
Press Releases  
Speeches  
Testimony  
Events

**Resources**

Resources for Carriers  
Resources for Consumers  
Resources for Drivers  
Forms  
Contact Us

**Policies, Rights, Legal**

About DOT  
Budget and Performance  
Civil Rights  
FOIA  
Information Quality  
No FEAR Act  
Office of Inspector General  
Privacy Policy  
Vulnerability Disclosure Policy  
USA.gov  
Web Policies and Notices  
Web Standards

**Information Collection #: OMB Control No. 2126-0057**