

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:

9/15/2023 11:40 AM

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

12230829598618 PAGE 1 OF 2

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST: SPECIMEN ID: MED-STOP MRO SERVICES

PRE-EMPLOYMENT CF14001233 9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME: TESTING AUTHORITY: SCHILLER PARK IL 60176

8/29/2023 11:27 AM DOT FMCSA PHONE: (877) 633-3633 FAX: (847) 647-6608

TEST RESULT: mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: NAME OF COMPANY / LOCATION:

BRABHAM, KENNETH WAYNE RIKI TRANSPORTATION INC

DONOR ID: 8225 LECLAIRE AVE

LA006751530 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 8/30/2023 9:03 AM

SIGNATURE: MRO COPY BECAME AVAILABLE AT:

8/29/2023 11:35 AM

DATE / TIME THE RESULT BECAME AVAILABLE:

8/30/2023 9:13 AM

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

12230829598618 PAGE 2 OF 2

Signature of Medical Review Officer



Date (Mo/Day/Yr)

C F 1 4 0 0 1 2 3 3			
SPECIMEN ID NO.	CLIENT NO. YMS.DOT1	.D3119062	
STEP 1: COMPLETED BY COLLECTOR OR EMPLOY	ER REPRESENTATIVE	ACCES	SION 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 Locat	PAWEL K MED-STC 9950 LAV SUITE 40 SCHILLEF	VRENCE AVE 13 R PARK, IL 60176
C. Donor SSN, Employee I.D. No., or CDL State and No.		Phone#:	(877)633-3633 / Fax#: (847)647-6608
D. Specify Testing Authority: HHS NRC E. Reason for Test: Pre-employment Random F. Drug Tests to be Performed: THC, COC, PCP, W215	Specify DOT Agency: X FMC Reasonable Suspicion/Cause	Post Accident Return to	
G. Collection Site Address: Med Stop - Hickory Hill	s Collection Site C	ode: Collector Contact I	nfo: Phone (708)546-0551
7831 W 95th St Ste J	YMS.00	U.S	Fax (708)295-9162
Hickory Hills, IL 60457			Other info@med-stop.com
STEP 2: COMPLETED BY COLLECTOR (make rema	rks when appropriate).	X URINE	ORAL FLUID
COLLECTION: X Split Single None	Provided, Enter Remark.		
URINE: Collector reads urine temperature within 4 min	·	100°E2	to Establishment
	_	<u> </u>	lo, Enter Remark Observed, Enter Remark
ORAL FLUID: Split Type: Serial Concurrent	Subdivided Each Device With	in Expiration Date? Yes	No Volume Indicator(s) Observed
REMARKS:			
STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). C	ollector dates seal(s). Donor initi	als seal(s). Donor completes	s STEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COL	LECTOR AND COMPLETED BY	TEST FACILITY	
I certify that the specimen given to me by the donor identified in the certification section sealed, and released to the Delivery Sergice noted in accordance with applicable federal	n on Copy 2 of this form was collected, labeled,		
	requirements.		
search, and revealed to the penylly before noted in additionic was applicable reveral	requirements.	SPECIMEN BOTTLE(S)/1	TUBE(S) RELEASED TO:
	reguirentents.	SPECIMEN BOTTLE(S)/T	TUBE(S) RELEASED TO:
X Signature of Collector	AM X		FedEx
X Signature of Collector Dorota Moniuszko 8/29/2	AM X 023 11:27 CDT PM	UPS	FedEx X Other CRL Courier
X Signature of Collector	AM X 023 11:27 CDT PM	UPS	FedEx
Signature of Collector Dorota Moniuszko 8/29/2 (PRINT) Collector's Name (First, MI, Last) Date (Mo/D STEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collector; that I have not adu	D23 AM X 11:27 CDT PM Time of Collection Iterated it in any manner; each specimen bottle	UPS	FedEx X Other CRL Courier Name of Delivery Service
Signature of Collector Dorota Moniuszko (PRINT) Collector's Name (First, MI, Last) STEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collector; that I have not adu provided on this form and on the label affixed to each specimen bottle/tribe is or	D23 AM X 11:27 CDT PM Time of Collection Iterated it in any manner; each specimen bottle, orrect.	UPS	FedEx X Other CRL Courier Name of Delivery Service Ident seal in my presence; and that the information
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(PRINT) Medical Review Officer's Name (First, MI, Last)