

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:

9/12/2023 10:54 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

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:SPECIMEN ID:PRE-EMPLOYMENTCF14327880COLLECTION DATE / TIME:TESTING AUTHORITY:9/5/2023 11:40 AMDOT 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 ACCORDING TO 49CFR.40 REGULATIONS	
EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
ESTEVEZ MARTINEZ, LUIS M	RIKI TRANSPORTATION INC
DONOR ID:	8225 LECLAIRE AVE
NJE80674947409901	BURBANK IL 60459
LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:
ARCPOINT LABS OF FT LAUDERDA	CLINICAL REFERENCE LABORATORY
3221 NW 10TH TER	8433 QUIVIRA
FORT LAUDERDALE FL 33309	LENEXA KS 66215
PHONE: (954) 667-7908	PHONE: (800) 452-5677
MEDICAL REVIEW OFFICER: KWIECINSKI PAWEL K SIGNATURE: WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	LAB RESULT RECEIVED AT: 9/6/2023 12:44 PM MRO COPY BECAME AVAILABLE AT: 9/5/2023 11:00 AM DATE / TIME THE RESULT BECAME AVAILABLE: 9/6/2023 12:46 PM

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

	8433 Quivira Road
	Lenexa, KS 66215
SPECIMEN ID NO. CLIENT NO. YMS.CMK	
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE	ACCESSION NO.
A. Employer Name, Address, I.D. No. Site Loo KOVACEVIC RADOSLAV	cation B. MRO Name, Address, Phone No. and Fax No. PAWEL KWIECINSKI, MD (MRO4478)
RIKI TRANSPORTATION INC	MED-STOP INC
8225 LECLAIRE AVE	9950 LAWRENCE AVE
BURBANK, IL 60459	SUITE 403
Phone#: (973)563-3159 / Fax#: (630)485-6980 NJE80674947	PAWEL KWIECINSKI, MD (MRO4478) MED-STOP INC 9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176 Phone#: (877)633-3633 / Fax#: (847)647-6608 Paxel Allower
C. Donor SSN, Employee I.D. No., or CDL State and No.	
D. Specify Testing Authority: HHS NRC Specify DOT Agency: X FI	MCSA FAA FRA FTA PHMSA USCG
E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause	
F. Drug Tests to be Performed: X THC, COC, PCP, OPI, AMP THC & CO	
W215	
G. Collection Site Address: ARCpoint Labs of Fort Collection Site	
3221 NW 10th Ter Ste 508 FGF.FC	Fax (954)951-1539 Other MLasso@arcpointlabs.com
Ft Lauderdale, FL 33309-5942	
STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).	X URINE ORAL FLUID
COLLECTION: X Split Single None Provided, Enter Remark.	
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° a	nd 100°F? X Yes No, Enter Remark Observed, Enter Remark
ORAL FLUID: Split Type: Serial Concurrent Subdivided Each Device W	ithin 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 ir	itials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED	
I certify that the specimen alven to me by the donor identified in the certification section on Conv 2 of this form was collected, labeled.	
sealed, and released to the pelivery Service noted in accordance with applicable federal requirements.	
sealed, and released to the pelivery Service noted in accordance with applicable federal requirements.	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:
x	UPS X FedEx
Signature of Collector AM X	UPS X FedEx
x	UPS X FedEx
Signature of Collector AM X Daniel Oudkerk 9/5/2023 11:40 EDT PM	UPS X FedEx
Signature of Collector Daniel Oudkerk (PRINT) Collector's Name (First, MI, Last) <u>Date (Mo/Day/Yr)</u> <u>AM</u> X <u>11:40 EDT PM</u> <u>Time of Collection</u>	UPS X FedEx Other Name of Delivery Service
Signature of Collector AM X Daniel Oudkerk 9/5/2023 11:40 EDT PM (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection 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 is correct.	UPS X FedEx Other Name of Delivery Service
X Signature of Collector AM X Daniel Oudkerk 9/5/2023 11:40 EDT PM (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection 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 bot provided on this form and of the label affixed to each specimen bottle/tube is correct. X LUIS M	UPS X FedEx Other Name of Delivery Service
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X Signature of Collector AM X Daniel Oudkerk 9/5/2023 11:40 EDT PM (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection 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 bother provided on this form, and of the label affixed to each specimen bother/tube is correct. X LUIS M Stgnature_of Donor (PRINT)	UPS X FedEx Other Name of Delivery Service
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X Signature of Collector AM X Daniel Oudkerk 9/5/2023 11:40 EDT PM (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection STEP 5: COMPLETED BY DONOR I certify that I provided my wine specimen to the collector; that I have not adulterated it in any manner; each specimen bot provided on this form, and of the label affixed to each specimen bottle/tube is correct. X LUIS M Interest Physical address: N/A Image: N/A Daytime Phone No. 708300: After the Medical Review Officer receives the test results for the specimen identified by this form, he/she matataken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NO STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable federal requirements, my verification is: In accordance with applicable federal requirements, my verification is: In EGETIVE POSITIVE for: DILUTE REFUSAL TO TEST because - check reason(s) below: ADULTERATED (adulterant/reason): Multerant/reason):	UPS Image: FedEx Dother Name of Delivery Service
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X Signature of Collector AM X Daniel Oudkerk 9/5/2023 11:40 EDT PM (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection 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 bot provided on the label affixed to each specimen bottle/tube is correct. X LUIS M Signature of Donor (PRINT) Email address: N/A After the Medical Review Officer receives the test results for the specimen identified by this form, he/she mataken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable federal requirements, my verification is: Maccordance with applicable federal requirements, my verification is: MEEFUSAL TO TEST because - check reason(s) below: Mathematical By SUBSTITUTED Mathematical Review Officer Mathematical Review Officer Signature of Medical Review Officer REFMARKS: X Signature of Medical Review Officer Signature of Medical Review Officer S	UPS Image: FedEx Other
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Signature of Collector A X Daniel Oudkerk 9/5/2023 11:40 EDT PM (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection STEP 5: COMPLETED BY DONOR I certify that I prpukded my wine specimen to the collector; that I have not adulterated it in any manner; each specimen bot provided on the flow and of the label affixed to each specimen bottle/tube is correct. X LUIS M (PRINT) Signature of Donor Email address: N/A Daytime Phone No. 708302 After the Medical Review Officer receives the test results for the specimen identified by this form, he/she mataken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NO the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER CC STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable federal requirements, my verification is: DILUTE OTHER: REFUSAL TO TEST because - check reason(s) below: BUBSTITUTED OTHER: Signature of Medical Review Officer (PRINT) Medica Step 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN In accordance with applicable federal requirements, my verification for the split specimen (if tested) is: Signature of Medical Review Officer (PRINT) Medica REFUSAL TO TEST because - check reason(s) below: BUBSTITUTED OTHER: REMARKS: X Signature of Medical Review Officer (PRINT) Medica RECONFIRMED for: FAILED TO RECONFIRM for: REMARKS: X	UPS Define the control of the contr

COPY 2 - MEDICAL REVIEW OFFICER COPY