

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:

9/18/2023 4:38 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**

SPECIMEN ID:

CF14859388

**DOT FMCSA** 

**TESTING AUTHORITY:** 

PURPOSE OF TEST:

**PRE-EMPLOYMENT** 

COLLECTION DATE / TIME:

9/12/2023 2:18 PM

TEST RESULT:

**NEGATIVE - DILUTE** 

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:
ALVAREZ VALDES, YEMYS	RIKI TRANSPORTATION INC
DONOR ID:	8225 LECLAIRE AVE
FLA416960752140	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: KWIECINSKI PAWEL K SIGNATURE: When the second	LAB RESULT RECEIVED AT: 9/13/2023 8:12 AM MRO COPY BECAME AVAILABLE AT: 9/12/2023 3:05 PM DATE / TIME THE RESULT BECAME AVAILABLE: 9/13/2023 8:37 AM

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM	
	8433 Quivira Road Lenexa, KS 66215
SPECIMEN ID NO. CLIENT NO. YMS.	DOT1 D3119062
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE	ACCESSION NO.
	e Location B MRO Name Address Phone No. and Fax No.
KOVACEVIC RADOSLAV	0752140         PAWEL KWIECINSKI, MD         (MRO4478)           0752140         PAWEL KWIECINSKI, MD         (MRO4478)
RIKI TRANSPORTATION INC	MED-STOP INC
8225 LECLAIRE AVE	9950 LAWRENCE AVE
BURBANK, IL 60459 Phone#: (973)563-3159 / Fax#: (630)485-6980	SUITE 403 SCHILLER PARK, IL 60176
FL A41696	<b>0752140</b> Phone#: (877)633-3633 / Fax#: (847)647-6608
C. Donor SSN, Employee I.D. No., or CDL State and No.	· · · · · · · · · · · · · · · · · · ·
D. Specify Testing Authority: HHS NRC Specify DOT Agency:	K FMCSA FAA FRA FTA PHMSA USCG
E. Reason for Test: X Pre-employment Random Reasonable Suspicion/Ca	
	& COC Only Other (specify)
W215	
G. Collection Site Address: Med Stop - Hickory Hills Collection	n Site Code: Collector Contact Info: Phone (708)546-0551
Hickory Hills, IL 60457-2388	.0003 Fax (708)295-9162 Other info@med-stop.com
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° and 100°F? X Yes No, Enter Remark Observed, Enter Remark
ORAL FLUID: Split Type: Serial Concurrent Subdivided Each Dev	rice Within Expiration Date?
REMARKS:	
STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s). Do	nor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLE	
I certify that the specimen given to me by the dono) identified in the certification section on Copy 2 of this form was collected, la sealed, and released to her pelvgry. Softice noted if accordance with applicable federal requirements.	
sealed, and released to the pelivery Service noted in accordance with applicable federal requirements.	
sealed, and released to the very service noted in accordance with applicable federal requirements.	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:
sealed, and released to the vertice noted in accordance with applicable federal requirements.	
X Signature of Collector	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS         FedEx         M         X         Other         CRL Courier
X Signature of Collector A Dorota Moniuszko 9/12/2023 2:18 CDT F	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS         M         XM
X         Signature of Collector         A           Dorota Moniuszko         9/12/2023         2:18 CDT F           (PRINT) Collector's Name (First, MI, Last)         Date (Mo/Day/Yr)         Time of Collector	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS         FedEx         XM         XM     <
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X       Signature of Collector       A         Dorota Moniuszko       9/12/2023       2:18 CDT F         (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.         X       VI         Signature of Donor       (F	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         M       X         Other       CRL Courier         Name of Delivery Service       Name of Delivery Service         men bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information       9/12/2023         PRINT) Donor's Name (First, MI, Last)       Date (Mo/Day/Yr)         6/14/1975
X       Signature of Collector       A         Dorota Moniuszko       9/12/2023       2:18 CDT F         (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.         X       VI         Signature of Donor       G         Email address:       N/A	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         M       X         Other       CRL Courier         Name of Delivery Service       Name of Delivery Service         men bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information       9/12/2023         PRINT) Donor's Name (First, MI, Last)       Date (Mo/Day/Yr)         33055981       Evening Phone No. 8133055981       Date of Birth
X       Signature of Collector       P         Dorota Moniuszko       9/12/2023       2:18 CDT F         (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 specime provided on this form and on the label affixed to each specimen bottle/tube is correct.         X       YI         Signature of Donor         Email address:       N/A         After the Medical Review Officer receives the test results for the specimen identified by this form, he/s	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         M       X         YM X       X         Other       CRL Courier         Name of Delivery Service       Name of Delivery Service         men bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information         EMYS       ALVAREZ VALDES         PRINT) Donor's Name (First, MI, Last)       Date (Mo/Day/Yr)         33055981       Evening Phone No.         8133055981       Date of Birth         (Mo/Day/Yr)       6/14/1975         (Mo/Day/Yr)       6/14/1975         she may contact you to ask about prescriptions and over-the-counter medications you may have
X       Signature of Collector         Dorota Moniuszko       9/12/2023       2:18 CDT F         (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.         X       VI         Signature of Donor       Signature of Donor         Email address:       N/A	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         M       X         Other       CRL Courier         Name of Delivery Service         men bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information         EMYS       ALVAREZ VALDES         PRINT) Donor's Name (First, MI, Last)       9/12/2023         Date (Mo/Day/Yr)         33055981       Evening Phone No.         8133055981       Date of Birth         G/14/1975         (Mo/Day/Yr)         she may contact you to ask about prescriptions and over-the-counter medications you may have         IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on
X       Signature of Collector       A         Dorota Moniuszko       9/12/2023       2:18 CDT F         (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 specir provided on this form and on the label affixed to each specimen bottle/tube is correct.         X       YI         Signature of Donor       YI         Email address:       N/A         After the Medical Review Officer receives the test results for the specimen identified by this form, he/s taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         M       X         Other       CRL Courier         Name of Delivery Service         men bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information         EMYS       ALVAREZ VALDES         PRINT) Donor's Name (First, MI, Last)       Date (Mo/Day/Yr)         33055981       Evening Phone No.         8133055981       Date of Birth         G/14/1975       (Mo/Day/Yr)         she may contact you to ask about prescriptions and over-the-counter medications you may have IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on IER COPY OF THE FORM. TAKE COPY 5 WITH YOU.
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X       Signature of Collector       A	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         M       X
X       Signature of Collector       P	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         M       X
X       Signature of Collector       A	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         M       X
X       Signature of Collector       A	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       Y         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X         M       X
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x       Signature of Collector       p	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         M       X         Other       CRL Courier         Name of Delivery Service         men bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information         EMYS       ALVAREZ VALDES         PRINT) Donor's Name (First, MI, Last)       Date (Mo/Day/Yr)         33055981       Evening Phone No.         8133055981       Date of Birth         G/14/1975       (Mo/Day/Yr)         she may contact you to ask about prescriptions and over-the-counter medications you may have IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on IER COPY OF THE FORM. TAKE COPY S WITH YOU.         MEN       X       URINE         ORAL FLUID       TEST CANCELLED
X       Signature of Collector       P	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:         UPS       FedEx         M       X         Other       CRL Courier         Name of Delivery Service         men bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information         EMYS       ALVAREZ VALDES         PRINT) Donor's Name (First, MI, Last)       9/12/2023         Date (Mo/Day/Yr)         33055981       Evening Phone No.         8133055981       Date of Birth         (Mo/Day/Yr)         Athen X COPY 5 WITH YOU.         MEN       X         URINE       ORAL FLUID
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X       Signature of Collector       P         Dorota Moniuszko       9/12/2023       2:18 CDT F         (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 specime provided on this form and on the label afficed to each specime bottle/tube is correct.         X       YI         Signature of Donor       Email address:         MA       Daytime Phone No.         After the Medical Review Officer receives the test results for the specimen identified by this form, he/st taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST :         the back of your copy (Copy 5) DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTH         STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIN         In accordance with applicable federal requirements, my verification is:         DILUTE       POSITIVE for:         BIL       Signature of Medical Review Officer         COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN         In accordance with applicable federal requirements, my verification is:         DILUTE       Signature of Medical Review Officer         Complementer       (PRINT) f          Check reason(s) below:	
X       Signature of Collector       P         Dorota Moniuszko       9/12/2023       2:18 CDT F         (PRINT) Collector's Name (First, MI, Last)       Date (Mo/Day/Yr)       Time of Collector         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 specime provided on this form and on the label afficed to each specimen bottle/tube is correct.       YI         Signature of Donor       YI       (F         Email address:       N/A       Daytime Phone No. <u>81</u> :         After the Medical Review Officer receives the test results for the specimen identified by this form, he/st taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST :         The back of your copy (Copy 5) DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTH         Step 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIN         In accordance with applicable federal requirements, my verification is:         DILUTE       POSITIVE for:         Signature of Medical Review Officer       (PRINT) T         Substitute for Medical Review Officer         Matter and the applicable federal requirements, my verification is:       (PRINT)	
X       Signature of Collector       P         Dorota Moniuszko       9/12/2023       2:18 CDT F         (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 specime provided on this form and on the label afficed to each specime bottle/tube is correct.         X       YI         Signature of Donor       Email address:         MA       Daytime Phone No.         After the Medical Review Officer receives the test results for the specimen identified by this form, he/st taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST :         the back of your copy (Copy 5) DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTH         STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIN         In accordance with applicable federal requirements, my verification is:         DILUTE       POSITIVE for:         BIL       Signature of Medical Review Officer         COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN         In accordance with applicable federal requirements, my verification is:         DILUTE       Signature of Medical Review Officer         Complementer       (PRINT) f          Check reason(s) below:	
Signature of Collector     Dorota Moniuszko     9/12/2023     2:18 CDT F     Time of Collector     (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 specim     provided on this form and on the label affixed to each specimen bottle/tube is correct.      Signature of Donor Email address: N/A     Signature of Donor Email address: N/A     Daytime Phone No. 81:     After the Medical Review Officer receives the test results for the specimen identified by this form, he/s     taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST THE BACK ONCY FSUCHET HIS INFORMATION ON THE EACK OF ANY OTH  STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIM In accordance with applicable federal requirements, my verification is:     DILUTE     DILUTE     DILUTE     Signature of Medical Review Officer     REFUSAL TO TEST because - check reason(s) below:	
Signature of Collector   Dorota Moniuszko 9/12/2023 2:18 CDT F   [PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection   STEP 5: COMPLETED BY DONOR Icertify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specim provided on this form and on the label affixed to each specimen bottle/tube is correct.   X YI   Signature of Donor Icertify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specim provided on this form and on the label affixed to each specimen bottle/tube is correct.   X YI   Signature of Donor Icertify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specim provided on this form and on the label affixed to each specimen bottle/tube is correct.   X YI   Signature of Donor Image: Signature of Donor   Email address: N/A   Daytime Phone No. 81.   After the Medical Review Officer receives the test results for the specimen identified by this form, he/s taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST:   The back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTH   STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIN   In accordance with applicable federal requirements, my verification is:   DILUTE   DULUTE   Content:   Signature of Medical Review Officer   X   Signature of Medical Review Officer   RE	