

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:

02/21/2024 04:04 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

12240210655547 PAGE 1 OF 2

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

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

PRE-EMPLOYMENT 7937940239 9950 LAWRENCE AVE STE 403

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

02/10/2024 11:26 AM DOT FMCSA PHONE: (877) 633-3633 EST UTC-5 FAX: (847) 647-6608

TEST RESULT: EMAIL: mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: NAME OF COMPANY / LOCATION:

OXILAS, STEEVENSON RIKI TRANSPORTATION INC

DONOR ID: 8225 LECLAIRE AVE

FLO242780921220 BURBANK IL 60459

LOCATION / COLLECTION SITE: LABORATORY PERFORMING TEST:

DNA PROFILES INC QUEST DIAGNOSTICS

1509 NE 167TH ST 10101 RENNER BLVD

NORTH MIAMI BEACH FL 33162 LENEXA KS 66219

PHONE: (305) 947-3990 PHONE: (866) 697-8378

MEDICAL REVIEW OFFICER:

LAB RESULT RECEIVED AT:

KWIECINSKI PAWEL K 02/13/2024 09:16 AM CST UTC-6

SIGNATURE: MRO COPY BECAME AVAILABLE AT:

02/13/2024 09:20 AM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:

02/13/2024 09:32 AM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR 40 REGULATIONS

mun) III

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

12240210655547 PAGE 2 OF 2



Quest Diagnostics*	
Diagnostics*	OMB
B. MRO Name, Address, Phone and Fax No. PAWEL KWIECINSKI MD 9950 LAWRENCE AVE STE 403 SCHILLER PARK, IL 60176 Phone: 847-647-0453 Fax: 847-647-6608	3 Na 0930- 0158
☐FTA ☐PHMSA ☐USCG	8
Other (Specify)	
ione _305-947-3990	
Fax 305-947-3974	
nther	
ORAL FLUID	
red, Enter Remark	
/olume Indicator(s) Observed	
TEP 5 on Copy 2 (MRO Copy)	
ECIMEN BOTTLE(\$)/TUBE(\$) RELEASED TO:	
FEDEX	
Name of Delivery Service	
vident seal in my presence; and that the information provided	
02 / 10 / 2024	
Date (Mo./Day/Yr.) Date of Birth 04 02 1992	
Date (Mo./Day/Yr.) riptions and over-the-counter medications you may bose to make a list, do so either on a separate piece of RM. TAKE COPY 5 WITH YOU.	
ORAL FLUID	
TEST CANCELLED	
<u>.</u>	

	DEDDEGENTATIVE			800-877-7484				
STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER A. Employer Name, Address, I.D. No.			B MRO Name Addre	ess, Phone and Fax No.				
A. Employer Name, Address, I.D. No. Lab Acct #: 10783041			PAWEL KWIECI					
RIKI TRANSPORTATION INC			9950 LAWRENC	NOTE OF STATE AND STATE OF THE				
8225 LECLAIRE AVE	TESTING AUTHORITY FMCSA		SCHILLER PARK					
BURBANK, IL 60459	ACCOUNT NUMBER: 50180822235933			0453				
Phone: 973-563-3159 Fax: 630-485-6980	EVEN EN		Fax: 847-647-660	08				
C. Donor SSN, Employee I.D., or CDL State and No. FLO2427	80921220							
D. Specify Testing Authority: HHS NRC	Specify DOT Agency: ✓ FM	CSA FAA	FRA FTA	PHMSA USCG				
E. Reason for Test: Pre-Employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow Up Other (Specify)								
F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP	THC & COC Only Other	Specify)	···					
G. Collection Site Address:		· · · · · · · · · · · · · · · · · · ·	-fa- Bhana 205 047 200	2				
DNA Profiles Inc 33872	33872-FL956	Collector Contact in	nfo: Phone 305-947-3990	<u> </u>				
1509 NE 167TH ST	0007212000		Fax _305-947-397	4				
MIAMI, FL 33162	Clinic ID		Other					
STEP 2 : COMPLETED BY COLLECTOR (make remarks who	en appropriate).	✓ URINE	ORAL FLUID	-				
Collection: ✓ Split Single None Provided, Enter Remark								
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? Ves No. Enter Remark Observed, Enter Remark								
	divided Each Device Within Expiration	Date? Yes No	Volume Indicator(s) Obser	ved				
REMARKS:								
STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Col			etes STEP 5 on Copy 2 (N	IRO Copy)				
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTO			ADEQUIEN DATE EX	TURE (O) RELEACER TO				
I certify that the specimen given to me by the donor identified in the certific released to the Delivery Service noted in accordance with applicable Fede		cied, labeled, sealed and	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:				
X								
2004	of Collector	<u> </u>						
Raymond Desinor 02	/ 10 / 2024	✓ AM	-	EDEX				
		1:26:21 PM of Collection						
(PRINT) Collector's Name (First, MI, Last)	Date (Mo./Day/Yr.) Time	or Collection	Name or t	Delivery Service				
STEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collector; that I have not a	adulterated it in any manner: each snecimen h	ottle used was sealed with a te	mner-evident seal in my nresenc	e: and that the information provided				
on this form and on the label affixed to each specimen bottle is correct.	additional to the state of the	ome about the beared that is to	imper evident beta in my predent	o, and that the unormation provided				
X	STEE	VENSON OXILAS	i i	02 / 10 / 2024				
Signature of Donor	(PRINT) Do	nor's Name (First, MI, Last)		Date (Mo./Day/Yr.)				
Email	y Phone (305) 833-4849 Evenir	og Phone / \ Not Pro	ovided Date of Birth	04 / 02 / 1992				
Email Day	y Priorie (303) 633-4649 Everill	g Frione () Not Fro	Mided Date of Birth	Date (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								
After the Medical Review Officer receives the test results for the s	pecimen identified by this form, he/she m	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						
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