



MOTOR CARRIER FACTORS ATTACHEMENT

FBI Express Drug Tests for Accident Driver

Randolph, NH

HWY19MH010

(5 pages)

Telman Galustov
FBI Express Inc (F80589)
[REDACTED]
Westfield, Massachusetts 01085

Foley Carrier Services, LLC
140 Huyshope Avenue
Hartford, CT 06106

MEDICAL REVIEW OFFICER REPORT - [REDACTED]
(DOT Controlled Substance)



Donor: Volodymyr Zhukorsky
Reason For Test: Post Accident
Specimen ID: 0034413
Substances test panel: DOT 5 Panel

Donor ID: [REDACTED]
Lab Accession #: 094120X
Specimen Type: Urine
Regulatory Mode: FMCSA

Drug	Screen Cutoff	Confirm Cutoff
AMPHETAMINES	500	
Amphetamine		250
Methamphetamine		250
MDA-ANALOGUES	500	
MDMA		250
MDA		250
COCAINE Metabolites	150	100
MARIJUANA Metabolites	50	15
PHENCYCLIDINE	25	25

Drug	Screen Cutoff	Confirm Cutoff
OPIATES	2000	
Morphine		2000
Codeine		2000
6-Acetylmorphine	10	10
OPIATES (SYN)	300	
Hydromorphone		100
Hydrocodone		100
OXYCODONES	100	
Oxycodone		100
Oxycodone		100

Collected Date/Time: 06/07/2019 11:30 AM
Lab Reported Date: 06/08/2019
MRO Received Date: 06/08/2019
MRO Date CCF2: 06/10/2019
MRO Verification Date: 06/10/2019 01:01 PM
MRO Report Date/Time: 06/10/2019 01:01 PM

Overall verified result:

*****Negative*****

[REDACTED SIGNATURE]

(Frederick J. Pope, MD, MRO - Verifying MRO)

Collection Site:
Concentra - Springfield
140 Carando Drive
Springfield, MA 01104
PH: (413) 746-4006

Laboratory:
Quest Diagnostics-Philadelphia

Medical Review Officer:
Frederick J. Pope, MD, MRO
Foley MRO Services
140 Huyshope Avenue
Hartford, CT 06106
PH: (860) 815-0825

Comments:

This test was collected, tested and reviewed in accordance with current federal regulations.



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 Westfield, Massachusetts 01085

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 Hartford, CT 06106

MEDICAL REVIEW OFFICER REPORT [REDACTED]
 (DOT Controlled Substance)



Donor: Volodymyr Shukouskyy
Reason For Test: Client Select Random
Specimen ID: 1910516
Substances test panel: DOT 5 Panel

Donor ID: [REDACTED]
Lab Accession #: 003364W
Specimen Type: Urine
Regulatory Mode: FMCSA

Drug	Screen Cutoff	Confirm Cutoff
AMPHETAMINES	500	
Amphetamine		250
Methamphetamine		250
MDA-ANALOGUES	500	
MDMA		250
MDA		250
COCAINE Metabolites	150	100
MARIJUANA Metabolites	50	15
PHENCYCLIDINE	25	25

Drug	Screen Cutoff	Confirm Cutoff
OPIATES	2000	
Morphine		2000
Codeine		2000
6-Acetylmorphine	10	10
OPIATES (SYN)	300	
Hydromorphone		100
Hydrocodone		100
OXYCODONES	100	
Oxymorphone		100
Oxycodone		100

Collected Date/Time: 02/04/2019 01:55 PM
Lab Reported Date: 02/05/2019
MRO Received Date: 02/05/2019
MRO Date CCF2: 02/05/2019
MRO Verification Date: 02/05/2019 04:04 PM
MRO Report Date/Time: 02/05/2019 04:04 PM

Overall verified result:

Negative

[Handwritten Signature] [REDACTED]

(Frederick J. Pope, MD, MRO - Verifying MRO)

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 Concentra - Springfield
 140 Carando Drive
 Springfield, MA 01104
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Comments:

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1018323 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. _____ B. MRO Name, Address, Phone No. and Fax No. _____

C. Donor SSN or Employee I.D. No. _____

D. Specify Testing Authority: HHS NRC Specify DOT Agency: FMCSA 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 Name: _____ Address: _____ City, State and Zip: _____

Collection Site Code: _____ Collector Phone No.: _____ Collector Fax No.: _____

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 80° and 100° F? Yes No, Enter Remark: _____ Collection: Split Single None Provided, Enter Remark: _____ Observed, (Enter Remark) _____

REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(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.

Signature of Collector _____ (Print) Collector's Name (First, MI, Last) _____

Date (Mo./Day/Yr.) _____ Time of Collection _____

SPECIMEN BOTTLE(S) RELEASED TO:

Quest Diagnostics Courier
 FedEx
 Other _____

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 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 is correct.

Signature of Donor _____ (PRINT) Donor's Name (First, MI, Last) Volodymyr Zhukovskyy _____

Date (Mo./Day/Yr.) _____

Daytime Phone No. _____ Evening Phone No. _____ Date of Birth _____

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

In accordance with applicable Federal requirements, my verification is:

NEGATIVE **POSITIVE** for: _____

DILUTE

REFUSAL TO TEST because - check reason(s) below: _____ **TEST CANCELLED**

ADULTERATED (adulterant/reason): _____

SUBSTITUTED

OTHER _____

REMARKS: _____

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 split specimen (if tested) is:

RECONFIRMED for: _____ **TEST CANCELLED**

FAILED TO RECONFIRM for: _____

REMARKS: _____

Signature of Medical Review Officer _____ (PRINT) Medical Review Officer's Name (First, MI, Last) _____

Date (Mo./Day/Yr.) _____

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Hartford, CT 06106

MEDICAL REVIEW OFFICER REPORT - [REDACTED]
(DOT Controlled Substance)



Donor: Volodymyr Shukouskyy **Donor ID:** [REDACTED]
Reason For Test: Pre-Employment **Lab Accession #:** 668799V
Specimen ID: 1910512 **Specimen Type:** Urine
Substances test panel: DOT 5 Panel **Regulatory Mode:** FMCSA

Drug	Screen Cutoff	Confirm Cutoff	Drug	Screen Cutoff	Confirm Cutoff
AMPHETAMINES	500		OPIATES	2000	
Amphetamine		250	Morphine		2000
Methamphetamine		250	Codeine		2000
MDA-ANALOGUES	500		6-Acetylmorphine	10	10
MDMA		250	OPIATES (SYN)	300	
MDA		250	Hydromorphone		100
COCAINE Metabolites	150	100	Hydrocodone		100
MARIJUANA Metabolites	50	15	OXYCODONES	100	
PHENCYCLIDINE	25	25	Oxymorphone		100
			Oxycodone		100

Collected Date/Time: 12/18/2018 01:06 PM
Lab Reported Date: 12/19/2018
MRO Received Date: 12/19/2018
MRO Date CCF2: 12/20/2018
MRO Verification Date: 12/20/2018 12:40 PM
MRO Report Date/Time: 12/20/2018 12:40 PM

Overall verified result: ***Negative***

[REDACTED SIGNATURE]

(Frederick J. Pope, MD, MRO - Verifying MRO)

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