NHA Phlebotomy-Technician Practice Questions

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Question 1

Question Type: MultipleChoice

When performing a capillary collection, which of the following tubes should a phlebotomist collect last?

Options:

A- Microhematocrit
B- Lavender
C- Red
D- Lithium heparin

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Answer:

C

Explanation:

In capillary collection, the red tube should be collected last from the options listed. Capillary order of draw differs from venipuncture order of draw because capillary blood begins clotting quickly after puncture. Tubes containing anticoagulants are collected before serum tubes to prevent platelet clumping and microclot formation that could invalidate hematology or other additive-based testing. Lavender EDTA specimens are typically prioritized early because hematology testing requires well-mixed anticoagulated whole blood. Lithium heparin is also an additive tube and should be collected before a non-additive or serum specimen. Red tubes are generally serum tubes and are collected later because clotting is expected for serum production. Microhematocrit collection depends on the procedure and whether anticoagulated capillary tubes are used, but it is not the best answer for ''last'' in this item. The phlebotomist must also wipe away the first drop, avoid excessive squeezing, fill microcollection containers properly, and mix additive specimens immediately by gentle inversion. NHA CPT competencies include dermal puncture, capillary order of draw, microcollection devices, and specimen integrity. Reference topics: Routine Blood Collections; capillary collection; dermal puncture; microcollection order of draw.

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Question 2

Question Type: MultipleChoice

A patient's recent consumption of fatty substances could result in which of the following elevated analytes?

Options:

A- Bilirubin
B- Albumin
C- Lipase
D- Lipid

Answer:

D

Explanation:

Recent consumption of fatty substances can elevate lipid-related analytes and can also produce lipemia, a milky or turbid appearance in serum or plasma. Therefore, the correct answer is lipid. This is why fasting status is important for certain chemistry tests, especially lipid panels or triglyceride-related testing. If the patient has not followed fasting requirements, the specimen may not reflect basal-state values and can produce misleading results. Bilirubin is primarily associated with hemoglobin breakdown and liver or biliary function; it is not directly elevated simply because the patient recently ate fatty food. Albumin is a plasma protein reflecting liver synthesis, nutrition, inflammation, or fluid status, not immediate dietary fat intake. Lipase is a pancreatic enzyme used mainly in the evaluation of pancreatic disorders and is not the same as lipids. The phlebotomist's responsibility is to verify patient compliance with fasting, medication, timing, and basal-state requirements before collection and proceed according to facility policy. Reference topics: Patient Preparation; fasting requirements; medication and basal-state compliance; preanalytical variables.

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Question 3

Question Type: MultipleChoice

Which of the following practices violates standard precautions?

Options:

A- Wearing gloves during venipuncture
B- Treating all blood as potentially infectious
C- Washing hands after glove removal
D- Reusing a tourniquet visibly contaminated with blood

Answer:

D

Explanation:

Reusing a tourniquet visibly contaminated with blood violates standard precautions. Any reusable equipment contaminated with blood must be cleaned and disinfected according to facility policy, and single-use items must be discarded. Blood is treated as potentially infectious regardless of the patient's diagnosis or appearance. Wearing gloves during venipuncture is correct practice. Treating all blood as potentially infectious is the core principle of standard precautions. Washing hands after glove removal is also required because gloves can have microscopic defects or hands can become contaminated during removal. A contaminated tourniquet can transfer bloodborne pathogens or other organisms to patients, staff, and surfaces. Phlebotomists should inspect equipment before use, avoid placing supplies on contaminated surfaces, use disposable tourniquets when required, and disinfect reusable items appropriately. Infection-control failures often occur through routine shortcuts, not dramatic emergencies. This question tests whether the technician understands standard precautions as everyday behavior, not just PPE vocabulary. Reference topics: Safety and Compliance; standard precautions; reusable equipment; blood contamination; infection prevention.

Question 4

Question Type: MultipleChoice

Which of the following questions should a phlebotomist ask to verify fasting status?

Options:

A- ''Did you take your medication today?''
B- ''When was the last time you had anything to eat or drink other than water?''
C- ''Do you know why the provider ordered this test?''
D- ''Have you had this test before?''

Answer:

B

Explanation:

The phlebotomist should ask, ''When was the last time you had anything to eat or drink other than water?'' This question directly verifies fasting status and avoids a vague yes/no answer. Patients may misunderstand fasting and think coffee, juice, gum, candy, or a small snack does not count. Asking about medication is important for some tests, but it does not verify fasting. Asking why the provider ordered the test is outside the phlebotomist's interpretive role and may lead to unauthorized clinical discussion. Asking whether the patient has had the test before does not confirm current preparation. Accurate fasting verification is part of patient preparation and preanalytical quality control. If the patient has not fasted as required, the phlebotomist should follow facility policy, notify appropriate personnel, document noncompliance if collection proceeds, or reschedule if instructed. Poor preparation can produce misleading chemistry results and unnecessary repeat testing. Reference topics: Patient Preparation; fasting verification; patient interview; basal-state requirements; preanalytical variables.

Question 5

Question Type: MultipleChoice

Which of the following can cause a preanalytic error for serum bilirubin?

Options:

A- Population
B- Light
C- Pollutants
D- Location

Answer:

B

Explanation:

Light exposure can cause a preanalytic error for serum bilirubin because bilirubin is light-sensitive. If a bilirubin specimen is exposed to light for too long, photodegradation can occur, leading to falsely decreased bilirubin results. This is why bilirubin specimens are commonly protected from light by using an amber container or wrapping the specimen in foil according to facility procedure. ''Population'' is not a specimen-handling variable that directly causes bilirubin degradation. ''Pollutants'' is too vague and does not identify the specific preanalytical issue tested here. ''Location'' may matter for collection site selection in some contexts, but it is not the classic handling error for bilirubin. The phlebotomist must know which specimens

require special handling for light, temperature, time, transport, and processing. Failure to protect light-sensitive analytes can compromise specimen integrity before testing even begins, producing inaccurate laboratory results despite correct venipuncture technique. The NHA CPT outline directly includes maintaining specimen integrity based on handling requirements such as temperature, light, and time, as well as recognizing the impact of preanalytical errors on test results. Reference topics: Processing Specimens; bilirubin handling; light protection; preanalytical error.

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Question 6

Question Type: MultipleChoice

A phlebotomist discovers that they obtained a specimen in an expired additive tube. Which of the following actions should the technician take?

Options:

A- Redraw the specimen in an unexpired tube.
B- Transfer the specimen into an unexpired tube containing the same additive.
C- Place the specimen on ice for 10 min for transfer.
D- Submit the specimen if the expiration date is within 30 days.

Answer:

A

Explanation:

The specimen must be redrawn in an unexpired tube. Expired additive tubes cannot be trusted because the vacuum, sterility, additive concentration, stopper integrity, and chemical performance may be compromised. Once blood has been collected into an expired additive tube, the specimen is already affected by that collection environment; transferring it into another tube does not correct the original exposure and can introduce additional hemolysis, contamination, clotting, or additive-ratio errors. Placing the specimen on ice does not reverse an expired additive problem. Submitting the specimen because the tube is ''within 30 days'' of expiration is unsafe; expired means expired, and laboratory acceptance criteria are based on valid collection supplies. This is a preventable preanalytical error, and the phlebotomist should also remove expired supplies from use to prevent recurrence. Tube expiration checks must occur before collection, not after the draw. Reference topics: Processing Specimens; preanalytical error; expired supplies; specimen rejection; tube quality control; recollection procedures.

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Question 7

Question Type: MultipleChoice

Which of the following actions should the phlebotomist take when labelling inpatient specimens?

Options:

A- Place a computer-generated patient identification label on the lid of the specimen collection container upon processing.
B- Hand-label the specimen collection container with the information from the patient's wristband after collection.
C- Have the patient write their demographic information on the specimen collection container prior to collection.
D- Ask the prescribing provider to pre-label the specimen collection container with patient information upon prescribing.

Answer:

B

Explanation:

For inpatient specimens, the phlebotomist should label the specimen collection container immediately after collection using the patient's wristband information as the identification source. The key control is bedside labeling in the presence of the patient, after positive identification and collection, so the specimen is tied to the correct patient before it leaves the room. Labeling the lid is unsafe because lids can be removed, switched, or separated from the specimen. Having the patient write demographic information is not an acceptable patient-identification process and does not satisfy laboratory labeling requirements. Provider pre-labeling is also unsafe because it creates a risk of wrong-patient collection if the container is later used for another patient or if identification is not verified at collection. Correct labeling usually includes patient name, second identifier, date and time of collection, collector identity, and any facility-required information. The NHA CPT outline specifically includes patient identifiers, labeling procedures and requirements, documentation, and the task of labeling all specimens. Reference topics: Routine Blood Collections; patient identification; specimen labeling; documentation requirements.

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Question 8

Question Type: MultipleChoice

A phlebotomist is preparing a container for a 24-hr urine collection when a chemical splash occurs. The phlebotomist should find information about this chemical from Which option best sources?

Options:

A- Current Procedural Terminology
B- Centers for Disease Control and Prevention
C- Safety Data Sheet
D- Occupational Safety and Health Administration

Answer:

C

Explanation:

The correct source is the Safety Data Sheet. An SDS provides chemical-specific information about hazards, exposure controls, personal protective equipment, first aid, spill response, handling, storage, and disposal. During a chemical splash, the phlebotomist must follow facility policy immediately, use the eyewash or shower if indicated, notify appropriate personnel, and consult the SDS for the exact chemical involved. Current Procedural Terminology is a medical coding system and has no role in chemical exposure response. The CDC provides infection-control guidance, but it is not the primary document for a specific chemical's hazard and first-aid requirements. OSHA establishes workplace safety regulations, including hazard communication expectations, but the SDS is the actual document used at the point of exposure for chemical-specific instructions. NHA CPT safety content includes workplace safety regulations, exposure control protocols, reporting requirements, PPE, and biohazard or chemical safety practices. OSHA also describes SDSs as documents containing chemical properties, hazards, protective measures, and safety precautions. Reference topics: Safety and Compliance; chemical exposure; SDS; OSHA hazard communication.

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Question 9

Question Type: MultipleChoice

Which option best actions should a phlebotomist take if blood flow stops during an evacuated tube collection?

Options:

A- Rotate the needle 360 degrees.
B- Gently adjust the needle position.
C- Remove the tube and shake it.
D- Pull the needle almost completely out.

Answer:

B

Explanation:

If blood flow stops during an evacuated tube collection, the phlebotomist may gently adjust the needle position. Blood flow can stop if the bevel rests against the vein wall, the needle partially exits the vein, the needle passes through the vein, or the tube vacuum is defective. Small, controlled adjustments are acceptable, but aggressive probing is not. Rotating the needle 360 degrees is dangerous and can injure the vein, surrounding tissue, or nerves. Removing the tube and shaking it does not correct needle placement and can hemolyze the specimen. Pulling the needle almost completely out is unsafe because it can leave the vein, cause hematoma, or create a needlestick risk. If gentle adjustment does not restore flow, the phlebotomist should discontinue the attempt according to facility policy and consider recollection. Patient safety and specimen quality are more important than forcing a failed draw. Reference topics: Routine Blood Collections; troubleshooting venipuncture; blood flow failure; needle adjustment; complications prevention.

Question 10

Question Type: MultipleChoice

Which of the following is the correct method for cleaning a small blood spill?

Options:

A- Wipe with dry gauze only.
B- Spray air freshener over the area.
C- Use an approved disinfectant according to facility policy.
D- Cover the spill with paper and leave it to dry.

Answer:

C

Explanation:

A small blood spill should be cleaned using an approved disinfectant according to facility policy. Blood is treated as potentially infectious, so spill response requires gloves, appropriate PPE, containment, removal of visible material, disinfection with correct contact time, and proper disposal of contaminated materials. Dry gauze alone does not disinfect the surface and can spread contamination. Air freshener has no disinfection role. Covering the spill and leaving it to dry is unsafe because dried blood may still represent a contamination hazard and creates exposure risk for staff and patients. The specific disinfectant may vary by facility, but it must be appropriate for bloodborne pathogens and used as directed. The phlebotomist must also avoid direct hand contact, dispose of materials in designated biohazard waste when required, and perform hand hygiene after glove removal. This question tests standard precautions, environmental safety, and infection-control discipline. Reference topics: Safety and Compliance; blood spill cleanup; disinfectants; standard precautions; biohazard waste.

Question 11

Question Type: MultipleChoice

Which option best blood components is primarily responsible for oxygen transport?

Options:

A- Platelets
B- Leukocytes
C- Erythrocytes
D- Plasma proteins

Answer:

C

Explanation:

Erythrocytes are primarily responsible for oxygen transport. They contain hemoglobin, the iron-containing protein that binds oxygen in the lungs and releases it to tissues. Platelets are involved in hemostasis and clot formation, not oxygen transport. Leukocytes are white blood cells that support immune defense. Plasma proteins perform functions such as maintaining oncotic pressure, transporting substances, and supporting clotting through proteins such as fibrinogen, but they are not the primary oxygen carriers. This foundational knowledge matters because phlebotomy technicians work with specimens used to evaluate red blood cell count, hemoglobin, hematocrit, indices, anemia, blood loss, and hemolysis. If a specimen is hemolyzed, red blood cells rupture and release intracellular contents, which can alter laboratory values. Understanding blood components helps the technician connect collection technique to specimen integrity. For example, rough handling, excessive suction, improper needle size, or vigorous shaking can damage erythrocytes and compromise results. Reference topics: Phlebotomy Fundamentals; blood components; erythrocytes; hemoglobin; CBC testing.

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