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NHA Phlebotomy Practice Test (100 questions) with 100% Correct Answers 100% Pass

A Phlebotomy technician should identify that HIPAA protects which of the following rights as part of the Patient Care Partnership? - Correct Answer ✓✓-Privacy

For which of the following conditions does emergency first aid treatment include maintaining an open airway, control bleeding, and keeping the pt warm until help arrives? - Correct Answer ✓✓-Shock

A Phlebotomy technician is working with a patient who has Mycobacterium Tuberculosis infection. Which of the following transmission precautions should the technician take? - Correct Answer ✓✓-Airborne Precautions

A phlebotomy technician is collecting capillary blood drops on a filter paper card to screen a newborn for PKU (Phenylketonuria). Which of the following actions should the technician take? - Correct Answer ✓✓-Apply blood to the printed side of the filter paper.

A phlebotomy technician is preparing to draw a blood specimen from a patient who has Clostridium Difficile infection. Which of the following precautions should the technician follow? - Correct Answer ✓✓-Contact Precautions

A phlebotomy technician should ensure that which of the following specimens is protected from light? - Correct Answer ✓✓-Bilirubin

A phlebotomy technician is exposed to blood via a needle stick injury. Within how many hours should the technician initiate (PEP)

Post-Exposure Prophylaxis? - Correct Answer ✓✓-24 hours

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NHA Phlebotomy-Technician Exam Syllabus Topics:

Section	Weight	Objectives
Topic 1: Patient Preparation	20%	- Patient identification & verification - Requisition review & test verification - Patient positioning & comfort - Informed consent & communication - Site selection & preparation - Post-collection care & labeling
Topic 2: Routine Blood Collections	28%	- Capillary puncture procedures - Venipuncture techniques & equipment - Order of draw & tube selection - Tourniquet use & vein assessment

Topic 3: Special Collections	12%	- Glucose tolerance & dynamic tests - Therapeutic drug monitoring - Blood cultures & sterile collection - Blood alcohol & legal collections - Pediatric & geriatric collections
Topic 4: Specimen Processing & Handling	14%	- Aliquoting & preservation - Specimen rejection criteria - Processing & centrifugation - Documentation & tracking - Transport & storage requirements - Bloodborne pathogens & exposure control - Infection control & OSHA standards
Topic 5: Safety and Compliance	26%	- Quality control & error prevention - HIPAA & patient confidentiality - PPE & sharps disposal

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Phlebotomy-Technician Dumps Reviews, Valid Phlebotomy-Technician Exam Notes

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NHA Phlebotomy Technician Certification Exam (CPT) Sample Questions (Q91-Q96):

NEW QUESTION # 91

Which of the following forms accompanies a toxicology drug screen for legal purposes?

- A. Encounter
- B. Chain of custody
- C. CMS 1500
- D. Requisition

Answer: B

Explanation:

A toxicology drug screen performed for legal, forensic, workplace, or evidentiary purposes must be accompanied by a chain-of-custody form. Chain of custody documents each person who handles the specimen, the date and time of transfer, specimen condition, identification verification, sealing, storage, and delivery. Its purpose is to prove that the specimen belongs to the correct individual and was not substituted, altered, contaminated, or mishandled. A requisition identifies the ordered test and patient/order details, but it does not provide the legal transfer record required for forensic validity. An encounter form supports visit documentation or administrative capture, not specimen evidence control. CMS 1500 is a health insurance claim form and has no role in legal specimen tracking. The phlebotomist must follow strict identification, sealing, labeling, and documentation procedures because any break in custody can invalidate the specimen for legal use. NHA CPT processing content explicitly includes chain-of-custody guidelines when required, including forensic studies and blood alcohol specimens, and special collection requirements for drug screening. Reference topics: Processing Specimens; chain of custody; drug screening; legal specimen documentation.

NEW QUESTION # 92

Which of the following conditions requires a blood transfusion due to cumulative blood loss for neonatal patients?

- A. Osteochondritis
- B. Osteomyelitis

- C. Galactosemia
- **D. Anemia**

Answer: D

Explanation:

Anemia is the condition that can require blood transfusion due to cumulative blood loss in neonatal patients. Neonates have a small total blood volume, so repeated laboratory collections can remove a clinically significant amount of blood over time. This is called iatrogenic blood loss and is a major concern in premature or critically ill infants who require frequent testing. If blood loss becomes excessive relative to the infant's circulating volume, hemoglobin and hematocrit can decline, producing or worsening anemia and potentially requiring transfusion. Osteochondritis involves inflammation of bone and cartilage and is unrelated to cumulative phlebotomy blood loss. Osteomyelitis is bone infection, a possible complication of improper heel puncture, but it is not the transfusion-related condition tested here. Galactosemia is a metabolic disorder screened in newborn testing, not a condition caused by repeated blood collection. The phlebotomist must use pediatric tubes, collect only the required volume, avoid unnecessary redraws, and follow minimum-volume requirements. Reference topics: Special Collections; neonatal blood collection; pediatric microcollection; iatrogenic anemia; blood volume limits.

NEW QUESTION # 93

Which of the following situations increases a phlebotomist's risk for a needlestick?

- A. The tourniquet is tied too tightly on a patient's arm.
- **B. The sharps container is nearly full.**
- C. A 22-gauge needle is used for an antecubital draw.
- D. A transfer device is used with the syringe method.

Answer: B

Explanation:

A nearly full sharps container increases the risk for a needlestick because contaminated needles or other sharps may protrude, rebound, or be difficult to place safely into the container. Sharps containers must be puncture-resistant, leak-resistant, properly labeled or color-coded, kept upright, and replaced before they become overfilled. OSHA specifically warns not to allow sharps containers to overfill and requires routine replacement to reduce sharps injury risk. A tight tourniquet can cause patient discomfort, hemoconcentration, or venous obstruction, but it is not the best answer for needlestick risk. A 22-gauge needle is commonly used for routine venipuncture, especially for smaller veins, and is not inherently unsafe. A transfer device used with the syringe method is actually a safety control because it prevents the phlebotomist from manually pushing blood through a needle into evacuated tubes. NHA CPT safety content includes bloodborne pathogens, sharps safety, OSHA standards, exposure control, and safe disposal of contaminated equipment. Reference topics: Safety and Compliance; OSHA Bloodborne Pathogens Standard; sharps disposal; needlestick prevention.

NEW QUESTION # 94

Which of the following actions is required before using a new lot number of point-of-care testing strips?

- A. Freeze the strips for 10 min.
- B. Use the strips only for control patients.
- **C. Perform quality control testing.**
- D. Mix strips from the old and new lots.

Answer: C

Explanation:

Quality control testing should be performed before using a new lot number of point-of-care testing strips. Lot-to-lot variation can affect test performance, and QC confirms that the strips, controls, meter, and operator process are producing acceptable results before patient testing begins. Freezing strips is incorrect unless a manufacturer specifically requires a storage condition, and most reagent strips have controlled storage requirements that must not be improvised. Mixing old and new lots is unsafe because it creates traceability problems and can invalidate quality control. Using strips only for "control patients" is meaningless; patient specimens should not be used to validate unverified supplies. For waived testing and point-of-care testing, the phlebotomist must follow manufacturer instructions, document QC results, check expiration dates, store materials properly, and stop patient testing when controls fail. If QC is outside range, patient results should not be reported until corrective action is completed. Reference topics: Safety and Compliance; Special Collections; point-of-care testing; quality control; reagent lot verification.

NEW QUESTION # 95

At the completion of a routine venipuncture, a phlebotomist incurs a needlestick to their finger. Which of the following information should the phlebotomist include on the incident report for this situation?

- A. The type of blood collection device used
- B. The employee's primary care provider information
- C. The number and color of tubes collected
- D. The proof of biohazard container fill line adherence

Answer: A

Explanation:

The incident report should include the type of blood collection device used. For a needlestick or contaminated sharps injury, the device involved is central to exposure documentation because the facility must evaluate whether safer devices, training, handling, or disposal procedures failed. OSHA states that a sharps injury log must include, at minimum, the type and brand of device involved when known, the department or work area, and an explanation of how the incident occurred. The number and color of tubes collected may matter for specimen documentation but does not explain the exposure mechanism. The employee's primary care provider information is not the key occupational exposure detail. Proof of biohazard container fill-line adherence may be relevant only if the injury involved sharps disposal, but the broader required incident-report item is the collection device involved. The phlebotomist should immediately wash the area, report the injury, follow exposure-control policy, document the event, and obtain occupational health evaluation. Reference topics: Safety and Compliance; needlestick injury; exposure control; OSHA sharps injury log; incident reporting.

NEW QUESTION # 96

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