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NHA Phlebotomy-Technician Exam Syllabus Topics:

Section	Weight	Objectives
Patient Preparation	20%	- Requisition review & test verification - Patient positioning & comfort - Patient identification & verification - Site selection & preparation - Informed consent & communication
Special Collections	12%	- Blood cultures & sterile collection - Glucose tolerance & dynamic tests - Pediatric & geriatric collections - Blood alcohol & legal collections - Therapeutic drug monitoring
Safety and Compliance	26%	- HIPAA & patient confidentiality - Bloodborne pathogens & exposure control - Infection control & OSHA standards - PPE & sharps disposal - Quality control & error prevention
Routine Blood Collections	28%	- Order of draw & tube selection - Capillary puncture procedures - Venipuncture techniques & equipment - Post-collection care & labeling - Tourniquet use & vein assessment
Specimen Processing & Handling	14%	- Transport & storage requirements - Processing & centrifugation - Specimen rejection criteria - Documentation & tracking - Aliquoting & preservation

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NHA Phlebotomy Technician Certification Exam (CPT) Sample Questions (Q43-Q48):

NEW QUESTION # 43

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

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

Answer: A

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 # 44

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

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

Answer: C

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.

NEW QUESTION # 45

Which of the following types of medication is an indication for an INR draw?

- **A. Anticoagulant**
- B. Antihistamine

- C. Antiemetic
- D. Anti-inflammatory

Answer: A

NEW QUESTION # 46

A phlebotomist receives a phone call from a provider's practice asking for a patient's CBC results. To which of the following departments should the phlebotomist transfer the call?

- A. Coagulation
- **B. Hematology**
- C. Chemistry
- D. Serology

Answer: B

Explanation:

A complete blood count, or CBC, is handled by the hematology department because it evaluates cellular components of blood, including red blood cells, white blood cells, hemoglobin, hematocrit, platelets, and differential findings when ordered. Chemistry focuses on analytes such as glucose, electrolytes, enzymes, renal markers, liver markers, and metabolic panels. Coagulation handles clotting studies such as PT, INR, aPTT, fibrinogen, and related hemostasis testing. Serology focuses on antigen-antibody testing and immune-response assays. A phlebotomist should not disclose results unless authorized by facility policy and role scope. The correct action is to direct the caller to the department that performs or releases the requested test result. This protects patient confidentiality and avoids miscommunication of clinical information. NHA CPT processing content includes communication between non-laboratory personnel, retrieving specimen or result data through laboratory systems, distributing results to ordering providers, and understanding blood components and laboratory testing roles. Reference topics: Processing Specimens; laboratory departments; hematology testing; communication of laboratory results.

NEW QUESTION # 47

A phlebotomist is collecting from a patient under droplet precautions. Which of the following PPE is most directly indicated?

- **A. Surgical mask**
- B. Shoe covers only
- C. Lead apron
- D. Sterile gown only

Answer: A

Explanation:

A surgical mask is most directly indicated for droplet precautions. Droplet precautions are used for organisms transmitted through respiratory droplets generated by coughing, sneezing, or talking. The mask helps protect the phlebotomist's nose and mouth from exposure at close range. A lead apron is used for radiation protection and has no role in droplet isolation. A sterile gown alone does not protect the respiratory mucosa and is not the primary droplet precaution. Shoe covers alone do not address droplet transmission. Depending on facility signage and procedure risk, additional PPE such as eye protection, gown, or gloves may be required, but from the options given, a surgical mask is the key droplet precaution. The phlebotomist should check isolation signs before entering, bring only necessary supplies, perform hand hygiene, wear PPE correctly, and remove PPE safely before leaving. This item tests transmission-based precaution matching: contact, droplet, airborne, and protective isolation are not interchangeable. Reference topics: Safety and Compliance; droplet precautions; PPE; isolation signage; infection control.

NEW QUESTION # 48

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