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NHA PHLEBOTOMY TECHNICIAN CERTIFICATION EXAM ACTUAL EXAM 2024 | ALL 100 QUESTIONS AND CORRECT ANSWERS | AUMT MOCK NHA | ALREADY GRADED A+ | LATEST VERSION

1. Besides gloves which of the following PPE should a phlebotomist wear when drawing on a patient with pneumonia?

- A. Face mask
- B. Gown
- C. N95 Respirator
- D. Shoe covers -----CORRECT ANSWER-----A. Face mask

2. A phlebotomist noticed that a blood collection tube is cracked what steps should the phlebotomist take?

- A. Send tube to the lab as is.
- B. Discard the tube in a glove.
- C. Discard tube in a sharp's container.
- D. Dispose of tube in the trash -----CORRECT ANSWER-----C. Discard tube in a sharp's container.

3. A parent asks the phlebotomist for the results of their young adult's point of care test (POCT) test, what steps should the phlebotomist take?

- A. Write down the results for the parent and the patient.
- B. Ask the patient to leave the room and tell the parent.
- C. Show the parent the results in the hallway.

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NHA Phlebotomy-Technician Exam Syllabus Topics:

Section	Objectives
Topic 1: Specimen Collection	- Capillary puncture procedures - Venipuncture techniques - Order of draw and tube handling
Topic 2: Professional Practice	- Communication and professionalism - Ethics and patient confidentiality (HIPAA)

Topic 3: Specimen Processing and Handling	- Quality control and rejection criteria - Labeling and documentation - Specimen transport and storage
Topic 4: Patient Preparation	- Site selection and preparation - Explaining procedures and obtaining consent - Patient identification and communication
Topic 5: Safety and Compliance	- OSHA standards and safety protocols - Needlestick prevention and biohazard disposal - Infection control and PPE usage

>> Sample Phlebotomy-Technician Questions Answers <<

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NHA Phlebotomy Technician Certification Exam (CPT) Sample Questions (Q73-Q78):

NEW QUESTION # 73

Which of the following actions should a phlebotomist take when transporting specimens to an outside laboratory?

- A. Freeze all specimens before courier pickup.
- B. Place requisitions in the same pouch as leaking specimens.
- C. Remove labels from specimens before shipping.
- **D. Use appropriate leakproof transport packaging.**

Answer: D

Explanation:

The phlebotomist should use appropriate leakproof transport packaging when specimens are transported to an outside laboratory. Specimen transport must protect the patient sample, courier, laboratory personnel, and documentation from leakage, breakage, contamination, and temperature-related instability. Requisitions should be kept separate from the specimen container, usually in an outer pouch, so paperwork is not contaminated if leakage occurs. Removing labels is never acceptable because identification must remain intact from collection through testing. Freezing all specimens is incorrect because temperature requirements are test-specific; freezing some specimens can destroy cells, alter analytes, or make the sample unsuitable. Proper transport includes correct labeling, biohazard identification, absorbent material when required, secure closure, upright positioning when appropriate, and compliance with time, light, and temperature requirements. The phlebotomist must know the difference between routine transport, chilled transport, frozen transport, and protected-from-light transport. Reference topics: Processing Specimens; specimen transport; leakproof packaging; biohazard handling; specimen integrity.

NEW QUESTION # 74

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

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

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.

NEW QUESTION # 75

Using outdated supplies can result in which of the following?

- A. Stat processing
- **B. Specimen rejection**
- C. Claim rejection
- D. Postanalytical error

Answer: B

Explanation:

Using outdated supplies can result in specimen rejection because expired collection materials may fail to preserve the specimen correctly or meet laboratory acceptance criteria. Expired evacuated tubes may have inadequate vacuum, degraded additives, compromised sterility, or incorrect blood-to-additive performance. These problems are preanalytical errors, meaning they occur before testing and can make results unreliable. The laboratory may reject the specimen rather than risk reporting inaccurate data. Stat processing refers to urgent priority handling and is unrelated to supply expiration. Postanalytical error occurs after testing, such as reporting or result-delivery mistakes, not from using expired collection supplies during acquisition. Claim rejection is a billing or insurance issue, not a specimen integrity issue. A competent phlebotomist prevents rejection by checking tube expiration dates, inspecting supplies, confirming required specimen type, filling tubes properly, mixing additives correctly, and following transport requirements. NHA CPT processing and routine collection content covers specimen integrity, preanalytical errors, equipment quality control, expiration checks, and recollection when required. Reference topics: Processing Specimens; preanalytical error; specimen rejection; equipment quality control.

NEW QUESTION # 76

Which of the following pathologies requires a phlebotomist to use an N95 respirator?

- **A. Tuberculosis**
- B. Heart disease
- C. Thrombocytopenia
- D. Lyme disease

Answer: A

Explanation:

Tuberculosis requires airborne precautions, including use of a properly fitted N95 respirator or equivalent respiratory protection when indicated by facility protocol. Tuberculosis can spread through airborne droplet nuclei, so a simple surgical mask is not the same level of respiratory protection for healthcare personnel entering a TB-risk environment. Lyme disease is transmitted through tick exposure, not routine airborne patient contact. Heart disease is cardiovascular pathology and does not require an N95 respirator as a transmission-based precaution. Thrombocytopenia is a low platelet count and affects bleeding risk, not respiratory isolation. The phlebotomist must follow posted isolation signage, perform hand hygiene, use required PPE, and avoid entering isolation rooms without proper protection and training. This question tests transmission-based precautions and recognition of airborne disease hazards. Reference topics: Safety and Compliance; PPE; airborne precautions; infection control; respiratory protection; isolation signage. CDC guidance specifically identifies respiratory protection programs for healthcare personnel using respirators to protect against *Mycobacterium tuberculosis* exposure.

NEW QUESTION # 77

Which of the following sites should a phlebotomist use as the second choice to perform venipuncture on an adult patient?

- A. Median cubital
- B. Median antebrachial
- **C. Cephalic**
- D. Basilic

Answer: C

Explanation:

The cephalic vein is the second-choice vein for routine adult venipuncture. The median cubital vein is preferred first because it is usually large, well anchored, superficial, and located away from major nerves and arteries. If the median cubital vein is unavailable or unsuitable, the cephalic vein is typically selected next because it is generally accessible and safer than the basilic vein. The basilic vein is usually the last choice in the antecubital area because it lies closer to the brachial artery and median nerve, increasing the risk of serious complications if the needle placement is poor. The median antebrachial vein may be visible in the forearm but is not the standard second-choice site for routine venipuncture. Proper site selection is not cosmetic; it is risk control. The phlebotomist must evaluate vein size, depth, resilience, direction, and surrounding anatomy while avoiding sites with edema, hematoma, burns, scarring, IV lines, infection, or mastectomy restrictions. Reference topics: Routine Blood Collections; antecubital vein selection; median cubital, cephalic, and basilic veins; site safety.

NEW QUESTION # 78

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