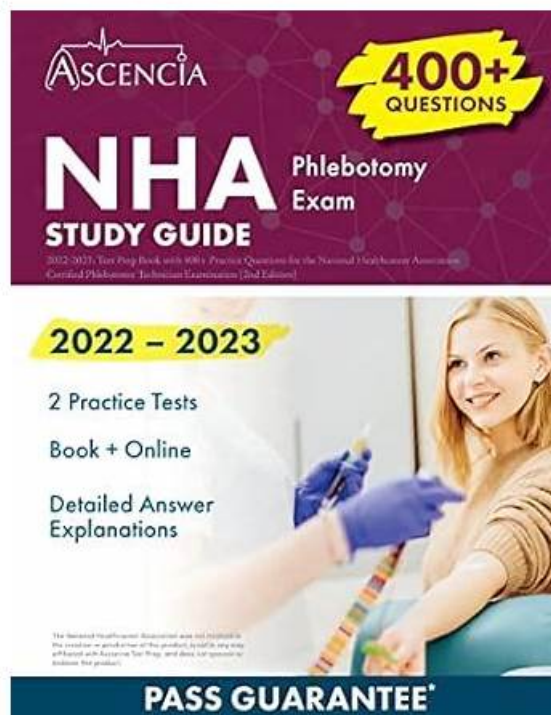


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NHA Phlebotomy-Technician Exam Syllabus Topics:

Section	Objectives
Topic 1: Safety and Compliance	- Infection control and standard precautions - HIPAA and patient confidentiality - OSHA regulations and patient safety
Topic 2: Routine Blood Collections	- Venipuncture procedures - Order of draw - Equipment selection and use
Topic 3: Special Collections	- Capillary puncture (fingerstick/heel stick) - Non-routine specimen collection methods - Pediatric and geriatric considerations
Topic 4: Patient Preparation	- Site selection and preparation - Patient identification and communication - Specimen labeling procedures

- Common errors and rejection criteria
- Topic 5: Specimen Processing and Handling
- Specimen transport and storage
 - Quality assurance procedures

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Associate Phlebotomy-Technician Level Exam | Standard Phlebotomy-Technician Answers

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NHA Phlebotomy Technician Certification Exam (CPT) Sample Questions (Q58-Q63):

NEW QUESTION # 58

Which of the following is the life span of an erythrocyte?

- A. 80 days
- B. 14 days
- C. 120 days
- D. 160 days

Answer: C

Explanation:

The life span of an erythrocyte, or red blood cell, is approximately 120 days. Erythrocytes are specialized cells that transport oxygen through hemoglobin and support carbon dioxide transport from tissues back to the lungs. Because mature erythrocytes lack nuclei and many organelles, they cannot repair themselves indefinitely; they gradually lose membrane flexibility and are removed primarily by the spleen and reticuloendothelial system. A 14-day lifespan is far too short for normal red blood cells and is more consistent with certain abnormal disease states or other cellular turnover concepts. Eighty days and 160 days are not the standard lifespan used in basic hematology. This knowledge matters in phlebotomy because blood collection, CBC interpretation context, hemolysis awareness, and specimen quality all depend on understanding blood components. The phlebotomist is not diagnosing anemia or hemolytic disease, but must understand formed elements and their general characteristics. Reference topics: Phlebotomy Fundamentals; blood composition; erythrocytes; hematology basics; CBC-related concepts. MedlinePlus states that red blood cells live about 120 days.

NEW QUESTION # 59

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 # 60

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

- A. Galactosemia
- B. Osteochondritis
- C. Osteomyelitis
- **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 # 61

A phlebotomist should identify which of the following as the best site for phenylketonuria collection on an infant?

- A. Central area of the heel
- **B. Medial or lateral areas of the heel**
- C. Medial or lateral area of the fingertip
- D. Central area of the fingertip

Answer: B

Explanation:

The best site for phenylketonuria, or PKU, collection on an infant is the medial or lateral plantar surface of the heel. PKU screening is a newborn metabolic screening test commonly collected by heel stick onto filter paper. The medial and lateral heel areas are selected because they provide adequate capillary blood flow while reducing the risk of puncturing bone. The central area of the heel is unsafe because the calcaneus may be closer to the puncture site, increasing the risk of bone injury or osteomyelitis. Fingertip puncture is inappropriate for infants because the tissue is small, bone is close to the surface, and the site does not provide the recommended specimen collection area for newborn screening. Proper PKU collection also requires warming the heel when indicated, allowing blood to flow freely, filling filter-paper circles completely from one side, avoiding layering, and allowing the specimen to dry properly before transport. NHA CPT special collection content includes collecting blood for metabolic syndromes such as PKU, filter-paper collection techniques, pediatric considerations, and minimum/maximum volume requirements. Reference topics: Special Collections; PKU collection; infant heel puncture; filter-paper specimen collection.

NEW QUESTION # 62

A phlebotomist should immediately report which of the following to a supervisor?

- A. An allergic reaction
- B. Outdated blood collection supplies
- C. Patient noncompliance with dietary requirements
- **D. A needlestick injury**

Answer: D

Explanation:

A needlestick injury must be reported immediately to a supervisor because it is an occupational exposure incident involving potential

transmission of bloodborne pathogens. Immediate reporting triggers the facility's exposure-control plan, which may include wound cleansing, documentation, source-patient evaluation when permitted, employee health assessment, post-exposure prophylaxis consideration, and required follow-up testing. Delayed reporting can compromise medical management and regulatory documentation. Outdated blood collection supplies should be removed from use and handled according to inventory or quality-control policy, but they do not carry the same immediate occupational exposure urgency. An allergic reaction must be managed clinically and reported according to severity and facility procedure, but the most direct supervisor-reporting requirement in this item is the needlestick injury. Patient noncompliance with dietary requirements should be documented or communicated as required because it may affect test validity, but it is not an occupational exposure emergency. NHA CPT safety content specifically includes following exposure control plans for needle sticks, notification requirements, needle stick protocols, bloodborne pathogen standards, and reporting requirements. Reference topics: Safety and Compliance; needlestick injury; exposure control protocols; reporting requirements.

NEW QUESTION # 63

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