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*ASCP-Phlebotomy-Technician
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Questions & Answers PDF

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Question: 1

When carrying out a rapid test for group A Streptococci from a throat swab, if there is no blue control line on the dipstick at 5 minutes, this means that

- A. the test is positive
- B. the test is negative
- C. the test is inconclusive
- D. the test is invalid

Answer: D

Explanation:

When carrying out a rapid test for group A Streptococci from a throat swab, if there is no blue control line on the dipstick at 5 minutes, this means that the test is invalid, possibly because the dipstick is outdated. For the test, a tube is filled with three drops each of reagent A and B and the swab is placed into the tube for 1 minute and rotated at least five times before removal. The dipstick is then placed in the tube for 5 minutes. The blue control line must appear by 5 minutes for a valid test. A positive finding is a pink or purple test line.

Question: 2

Which one of the following is an appropriate question to verify a patient's ID?

- A. "Is your name Sally Evans?"
- B. "Are you Ms. Evans? What is your birthdate?"
- C. "Ms. Evans, were you born on March 16, 1980?"
- D. "Can you tell me your name and birthdate?"

Answer: D

Explanation:

An appropriate question to verify a patient's ID is "Can you tell me your name and birthdate?" Asking for direct information is important because if a patient is confused or hard of hearing, he or she may answer "yes" or "no" to questions incorrectly. For inpatients, the ID band should always be checked to verify the information that they provide. If patients do not have an ID band, common in the outpatient setting, then they should be asked to provide and spell their names and provide their birthdates.

Question: 3

A patient with an order for blood tests has a clamped PICC line in the left arm, so the phlebotomist should draw blood from the

- A. Right arm
- B. Left arm, distal to the PICC line
- C. Left arm, proximal to the PICC line
- D. line

Answer: A

Explanation:

A patient with an order for blood tests has a clamped peripherally inserted central catheter (PICC) line in the left arm, so the phlebotomist should draw blood from the right arm. Drawing blood from a vascular access device, such as a PICC line, is outside of the scope of practice of the phlebotomist; however, the phlebotomist may provide necessary collection tubes to a nurse or physician who accesses the PICC line and may transport the tubes. If a PICC line is in one arm, the alternate arm should be used for venipuncture if possible.

Question: 4

During a blood draw and collection in multiple vacuum tubes, if the third tube fails to fill, the most appropriate initial response is to

- A. insert the needle deeper into the vein
- B. discontinue the venipuncture and try a different site
- C. try a different vacuum tube
- D. call for assistance

Answer: C

Explanation:

During a blood draw and collection in multiple vacuum tubes, if the third tube fails to fill, the most appropriate initial response is to try a different vacuum tube. Tubes sometimes lose their vacuum. If the new tube also does not fill, then the phlebotomist should check to make sure that the entire bevel of the needle is completely under the skin. If a new tube does not solve the problem and the needle is in the correct place, the venipuncture may need to be discontinued and a new site is tried.

Question: 5

Blood specimens for ammonia levels should be separated from the cells and tested within

- A. 15 minutes
- B. 30 minutes
- C. 60 minutes
- D. 4 hours

Answer: A

Explanation:

Blood specimens for ammonia levels should be separated from the cells and tested within 15 minutes because the levels increase rapidly at room temperature. Specimens should be transported in an ice slurry or cooling tray and processed immediately. Blood ammonia levels are often checked to diagnose or monitor hepatic encephalopathy, which can result in toxic levels of ammonia. Other causes of increased ammonia include upper gastrointestinal tract bleeding, salicylate poisoning, liver failure, kidney disease, and parenteral nutrition.

Question: 6

The infections most commonly transmitted through needlestick and sharp injuries are

- A. HBV, HCV, and HIV
- B. HBV, HIV, and HZV
- C. HIV, syphilis, and CMV
- D. HBV, HB, and HZV

Answer: A

Explanation:

The infections most commonly transmitted through needlestick and sharp injuries are HBV (hepatitis B virus), HCV (hepatitis C virus), and HIV (human immunodeficiency virus). While these viruses pose the greatest risk—and people may be co-infected, putting the person who has a needlestick or sharp injury at risk of more than one disease—other infectious disorders (more than 20) can also be spread through needlestick and sharp injury, including syphilis, HZV (herpes zoster virus), toxoplasmosis, TB, Rocky Mountain spotted fever, blastomycosis, and cutaneous gonorrhea.

Question: 7

The most common plasma protein is

- A. fibrinogen
- B. albumin
- C. alpha globulin
- D. beta globulin

Answer: B

Explanation:

The most common plasma protein is albumin. Plasma proteins help to regulate the movement of water between cells and blood, controlling blood volume and affecting blood pressure. Plasma proteins include:

Albumin (60%): Produced in the liver and maintains colloid osmotic pressure.
Globulins (36%): Alpha and beta globulins are both produced in the liver. They transport lipids and fat-soluble vitamins. Gamma globulins are produced in lymphatic tissue and act as immune antibodies.
Fibrinogen (4%): Produced in the liver and involved in coagulation.

Question: 8

If a phlebotomist accidentally experiences a slight needlestick that does not draw blood after obtaining a blood sample, the phlebotomist should

- A. wash the site with soap and water and take no further action
- B. wipe the site with an alcohol swab and verify that there is no bleeding
- C. wash the site with soap and water and report the incident
- D. flush the site with running water for 20 minutes and report the incident

Answer: C

Explanation:

If a phlebotomist accidentally experiences a slight needlestick that does not draw blood after obtaining a blood sample, the phlebotomist should wash the site with soap and water. The incident must be reported as soon as possible to a supervisor, and needlestick protocol should be followed. This may include testing and/or prophylaxis, depending on the patient's health history. In some cases, the patient may also be tested for communicable diseases, such as HIV, in order to determine the risk to the phlebotomist.

Question: 9

If a biohazard sign at the entrance to the laboratory lists the laboratory's bio safety level as 3 (BSL-3), this means that the lab studies infectious agents that

- A. do not consistently cause human disease
- B. pose a risk if inhaled, swallowed, or exposed to the skin
- C. are airborne and could potentially cause lethal disease
- D. are airborne, lethal, and for which there is no effective treatment

Answer: C

Explanation:

If a biohazard sign at the entrance to the laboratory lists the laboratory's biosafety level as 3 (BSL-3), this means that the lab handles infectious agents that are airborne and could potentially cause lethal disease, such as COVID-19 and Mycobacterium tuberculosis. Biosafety levels:

BSL-1: Infectious agents do not consistently cause disease.

BSL-2: Infectious agents pose a risk if inhaled, swallowed, or exposed to the skin.

BSL-3: As above.

- BSL-4: Infectious agents are airborne, lethal, and no effective treatment is available.

Question: 10

The purpose of a blood transfer device is to prevent

- A. specimen contamination
- B. a needlestick
- C. tube breakage
- D. spillage

Answer: B

Explanation:

The purpose of a blood transfer device is to prevent a needlestick. The blood transfer device was devised when OSHA required that safety needles be used when collecting blood specimens. These needles cannot be used to inject blood into a collection tube, so the safety needle is removed and the transfer device, which contains a small needle inside, is attached to the Luer. The collection tube is then inserted into the transfer device and the blood is transferred when the needle penetrates the cap.

Question: 11

If a patient in the emergency department refuses to have blood drawn but the phlebotomist does so at the physician's assistance, the phlebotomist may be charged with

- A. assault
- B. negligence
- C. malpractice
- D. nothing

Answer: A

Explanation:

If a patient in the emergency department refuses to have blood drawn but the phlebotomist does so at the physician's assistance, the phlebotomist may be charged with assault. Unless a patient is a minor, legally deemed incompetent to make decisions, or is legally required to have a test (such as a blood alcohol level or tox-screen for illicit drugs), then the individual has an absolute right to refuse any and all treatments and procedures.

Question: 12

Which of the following hazardous label colors is used to indicate a substance that is reactive, normally stable but may become unstable and dangerous if heated?

- A. Blue

-
- B. White
 - C. Yellow
 - D. Red

Answer: C

Explanation:

Most hazardous material comes with warning labels that are color-coded to indicate the type of risk, with NFPA (National Fire Protection Association) ratings ranging from 0 (no risk) to 4 (extreme risk):

Yellow: reactive, normally stable (0) but becomes unstable if heated (1), may undergo a violent chemical reaction (2), pose a severe risk of explosion (3), and extreme hazard if fire occurs (4).

Blue: health hazard

Red: fire hazard

White: other hazard



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