**OhioHealth Laboratory Services – Campus Shelby**

**Competency Quiz Assessment Year 2023**

**Initial Semiannual (first year) Annual**

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| **Name:** | **Title:** |

**Coagulation Quiz**

1. The amount of anticoagulant in the sodium citrate tube must be adjusted prior to collecting samples from patients who have hematocrit values above what %?
   1. 45
   2. 55
   3. 65
   4. 75
2. The reconstituted STA Neoplastine reagent must sit for \_\_\_\_\_\_\_\_\_\_ min at \_\_\_\_\_\_\_\_\_ before loading on the Compact Max.
   1. 24 min / refrigerated
   2. 48 min / room temp
   3. 30 min /room temp
   4. 96 min / room temp
3. The STA aPTT reagent is reconstituted with \_\_\_\_\_\_ml of Nerl H20 and must sit for \_\_\_\_\_\_ min at room temp.
   1. 5 ml / 60 min
   2. 5 ml / 30 min
   3. 5 ml / 15 min
   4. 10 ml / 30 min
4. What is the INR critical value?
   1. >4.0
   2. >5.0
   3. >6.0
   4. >7.0
5. Which coagulation test performed **at Shelby** must be refrigerated? \_\_\_\_\_\_\_\_\_\_\_\_
6. When must you review the QC in Unity:
   1. Before you clock out
   2. As soon as the QC is completed
   3. Before each patient result
7. **PT** QC level 1 and 2 are outside 2SD/unacceptable. **APTT** QC level 1 and 2 are within 2SD/acceptable. You have repeated the unacceptable QC and it is still outside 2SD. What is a probable cause for the PT QC being unacceptable? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. A patient has an **APTT** result that is <20.5 seconds. What is the procedure for this abnormal result? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chemistry Dept.**

1. If QC is above 1SD, it is ok to accept since it is ***not above*** 3SD? True False
2. When is it required to complete a patient lookback?
   1. When QC is acceptable
   2. When QC is out and troubleshooting was just repeating the QC
   3. It is never required to complete a patient lookback
   4. When QC is out and you “Blew a well”
3. A patient **Glucose** result printed as >500. You perform a dilution several times and the result is still above the assay range reporting as >1500. What is your next step in processing the specimen to obtain a result? (remember policy OHLS-TOP-FC-0001) Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. When performing I-stat Blood Gases, what is the patient ID number
5. Medical Record Number (MRN)
6. Sample ID number (SID)
7. Account number (CSN)
8. Barcode label
9. A sample for BHOB/BHBA is reporting from the Vista as >8.0. Should this specimen be diluted? Yes No
10. Clear urine samples to be run on the Vista must be centrifuged before processing on the analyzer. True False
11. A patient urine sample is “Negative” for THC. What is the cutoff value for this result? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. What is the Calibration Interval/Frequency for any one lot of the **GLUCOSE** assay? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. What is an acceptable specimen type for the epoc? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. The chemistry analyzer is down, you already spun the chemistry tube. Can you run the specimen on the epoc? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hematology Dept**.

1. Once opened, XN Check controls are good for 14 days. True False
2. Clotted samples can be used for CBC/Retic tests if the clot is removed in a timely manner. True False
3. All slides for differentials and cell morphology MUST have a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. A patient has chronic CLL. What would you expect to see on the differential slide? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. The nucleus of a segmented WBC should stain what color? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. If the BCQM QC monitor is YELLOW, you must place a call to service. True False
7. Criticals for Hematology must be documented in \_\_\_\_\_\_\_\_\_\_\_\_.
8. Which CSF Tube is used for the cell count? \_\_\_\_\_\_\_\_\_\_\_\_\_ If the RBC count on this tube is ≥ 5, you will then perform a count on Tube\_\_\_\_\_\_\_\_\_\_.
9. It is acceptable to have the iSED QC sitting on the bench when not in use? True / False
10. It is acceptable to dump the Staining reagents down the sink with water? \_\_\_\_\_\_\_\_\_\_\_\_\_

**Urinalysis/Body Fluid Dept.**

1. QC is performed every \_\_\_\_\_ hours and the stability of an opened QC vial is\_\_\_\_\_\_\_\_:
2. 8 hours/ 31 days
3. 24 hours / 31 days
4. 31 hours/ 24 days
5. 24 hours/ 25 days
6. The lid of the reagent Chemstrips are left opened for a time unknown. What is the next step before patient testing?
7. Nothing, should be ok because the temperature in the lab is ok.
8. Run QC on the strips
9. Put lid back on reagent strips and walk away slowly.
10. Close the Urinalysis dept for the day.
11. What is the detection level of the Quidel Sofia hCG test?

a) 50 mIU/mL

b) 20 mIU/mL

c) 25 mIU/mL

d) 10 mIU/Ml

1. You open a new bottle of Chemstrip reagent. What must be done next? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Freshly voided normal urine is usually clear; however, if it is alkaline, a white turbidity may be present due to:
   1. Yeast
   2. White Blood Cells
   3. Amorphous phosphates and carbonates
3. A urine specimen with a pH of 9.0 would indicate
   1. A diet high in cranberry juice to lower the pH
   2. A fresh specimen should be collected
   3. Further testing for metabolic or respiratory alkalosis
4. A urine report shows Positive Protein, Leukocytes and Nitrates. What would you expect to see in the microscopic
   1. Blood, Casts and Bacteria
   2. WBCs only
   3. WBC, Bacteria and Casts
5. When manually counting a body fluid, both sides of the hemocytometer should be counted. The total number of cells counted for each side should match within \_\_\_ percent.

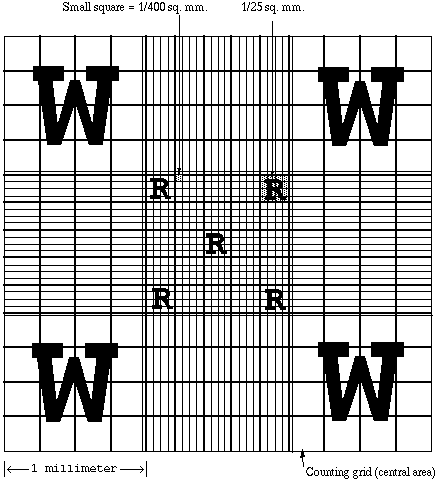
a) 5

b) 10

c) 15

d) 20

1. You are manually counting a CSF sample with no dilution on the hemocytometer. By counting all 4 large squares (labeled “W” in the diagram below), you get 20 RBCs on side A and 22 RBCs on Side B. Which answer below represents the calculation you should use to determine the RBC count? (Hint: Formula: #cells counted x 10 x reciprocal of dilution x reciprocal of squares counted)



a) (10 x 21)/4

b) (10 x 20)/4

c) (10 x 42)/4

d) (10 x 22)/4

1. When counting the WBCs on the CSF sample from question 2, you chose to count the cells in the 5 small squares labeled “R” in the diagram. On side A, you counted 10 WBCs. On side B, you counted 10 WBCs. Which answer below represents the calculation you should use to determine the WBC count?

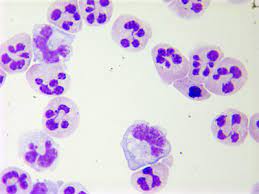
a) 10 x 10 x 5

b) 10 x 20 x 25

c) 10 x 100 x 5

d) 10 x 100 x 25

1. The cells seen in the Body Fluid image below are: \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_



1. Post Vasectomy samples can be accepted for testing up to \_\_\_\_\_\_ hours after collection.
2. 5
3. 24
4. 10
5. You counted 6,500,000 sperm on the hemocytometer after performing the calculation. What is this number in M/mL that will be reported in Beaker? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. This is seen in a vaginal wet prep. You would report this positive for what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Serology/Kit Tests Dept**.

1. For stool specimens to be acceptable for CDIFF testing, the specimen must be FORMED. True / False
2. The result of the CDIFF test is “Indeterminate”. This means you just throw the specimen away and ask for a recollect. True / False
3. A Rapid Strep (RSA) specimen was collected in Eswab. This is an acceptable swab type for the test. True / False
4. The RSA test result is “Positive”. The sample is sent to MH Micro dept. to confirm the result. True / False
5. All of the following are acceptable specimen types for RSV testing **except**:
6. Throat swab
7. Nasopharyngeal washing
8. NP aspirate
9. NP swab
10. A POSITIVE result for a Mono test consists of a line only at the Control (C ) and no line at the Test (T). True / False
11. A Mono test is added on. The only specimen available in the lab is a Gold Top Tube. Can the test be added on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. The acceptable swab type for the Cepheid Covid-19/Flu Combo test is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. You are doing a TNS in BB. You receive a UTM NP swab for a Covid-19/Flu combo test. It is acceptable to set the Cepheid cartridge up in Blood Bank to save yourself some steps. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. You have a ‘NO RESULT” from the Cepheid. What is the next step \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. You drop the Cepheid cartridge on the floor. The contents DID NOT spill on the floor. It is acceptable to continue with processing the specimen and loading on the Cepheid. True / False
16. The fecal occult blood test must be read in \_\_\_\_\_ minutes.

Associate received acceptable score: Yes or No

Associate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corrective Action if not acceptable: