**Molecular Medtraining Quiz**

1. If a swab is received for COVID PCR testing as a dry swab, what can you do next? The swab was collected 30 minutes ago.

a. Reject the test, we never run dry swabs for PCR.

b. Add VTM or saline to the swab and run the PCR testing. We can add VTM or saline if the swab was collected < 1 hr ago.

c. Run the dry swab as is, dry swabs are acceptable for COVID PCR testing.

2. For Affirm testing, the QC card has blue beads for the Candida and Gardnerella beads, but the Trichomonas bead is clear. What do you do with the patients that were already run on that lot?

a. Do not report any results.

b. Report the Candida result.

c. Report the Gardnerella result.

d. Report the Trichomonas result.

e. b, c, and d

f. b and c

3. A CTNG swab was invalid for Chlamydia and positive for GC. What do you do next?

a. Report both tests, no further workup is required.

b. Report the GC and repeat the Chlamydia testing.

c. Report the Chlamydia and repeat the GC testing.

d. Repeat both tests. Do not report either.

4. A doctor calls and requests the mTB test to be performed on a BAL specimen from yesterday. What do you do?

a. Run on the Cepheid in house.

b. Send the specimen to ODH or ARUP for mTB testing.

c. Tell the doctor that mTB testing cannot be performed on BAL specimens.

5. A mTB test comes off the Cepheid as mTB positive and rpoB positive. What do you do?

a. Do not report the mTB or rpoB results. Cancel the test in SOFT.

b. Do not report the mTB or rpoB result. Send the specimen to ARUP for testing.

c. Report as M. tuberculosis detected and do not report the ropB result. No further work needed.

d. Report as M. tuberculosis detected, and Rifampin resistance detected. Send to ARUP for confirmation.

e. Report as M. tuberculosis detected, and Rifampin resistance detected. No further work needed.

f. Report as M. tuberculosis detected, and Rifampin resistance detected. Send to ARUP for confirmation.

6. A doctor calls and asks if a GIP test is positive for E. coli O157. What do you tell him?

Panel results: Shig Neg STX POS

Campy Neg Salm Neg

Plesio Neg Vibrio Neg

ETEC Neg Yersi Neg

a. The Shiga-toxin is positive, so the stool is positive for E. coli O157.

b. The Shiga-toxin is positive, so the stool might be positive for E. coli O157. Specimen was sent to ODH.

c. The Shiga-toxin is negative, so the stool is negative for E. coli O157.

d. The Enterotoxigenic E. coli is positive, so the stool is positive for E. coli O157.

e. The Enterotoxigenic E. coli is negative, so the stool is negative E. coli O157.

7. A doctor calls asking for clarification on results. The rapid C diff was indeterminate, but the PCR test is positive. What can you tell the doctor about this test?

a. The rapid C diff test looks for antigen and the PCR test looks for genetic material. The PCR is more sensitive and will catch positives that the antigen test might miss. The patient is positive for C. diff.

b. The lab must have made an error in testing on the rapid C diff, but the patient is positive for C. diff.