**2023 Competency Examination**
**CytoPrep Tech Exam**

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46.5 / 48 = 96.8

46.5

1. The temperature in the cytology and histology laboratory goes up to 77° F and the humidity increases to 68%. You check the temperatures and humidities of the flammable room, pathology slide storage area, and the slide and block storeroom also and they are all at the same temperature and humidity. What do you do?
   a. Since this is an action level occurrence, document the out-of-range temperatures, notify the supervisor, and call Maintenance at x8000 to report the issue.
   b. Move all reagents and cell blocks to a lower temperature location if the increased temperature is expected to be for an extended time period that is detrimental to stain quality and/or paraffin stability.
   c. Once the temperature is corrected, reprocess and stain 3-5 non-GYN specimens and give them to the supervisor or pathologist to do a stain evaluation to ensure the stain quality remains.
   d. Once the temperature is corrected, the functionality of the ThinPrep processor must be verified by performing a validation study on GYN specimens to ensure that the equipment is running properly. If the ThinPrep Processor does not produce adequate slides after validation due to excessive heat and humidity, Biomed must be contacted to request Hologic come onsite to perform PM on the instrument.
   e. The temperature fluctuation, time of resolution, and validation of stain quality, cell block stability, and equipment function must all be documented on the Ambient Room Temperature and Humidity Problem Log (CYT03-006 Form E).
   f. All the above

2. You are processing specimens and go to place a body fluid container back into the refrigerator when it falls out of your hands and crashes to the floor. It cracks open and spills out 800cc of body fluid. What do you do?
   a. Scream
   b. Push people out of the way
   c. Call Environmental Services to clean it up for you
   d. Grab the body fluid spill kit, sprinkle it over the fluid, and dispose in a red bag
   e. Grab the universal spill kit, sprinkle it over the fluid, and dispose in a red bag
   f. Both d and e

-1

3. True or False. Formalin can be cleaned up with paper towels.
   a. TRUE
   b. FALSE

Formalin must be cleaned up w/ a neutralizing solidifier or formalin absorbant pads or towels that neutralize formaldehyde toxicity

4. You need to send out a biliary brush for FISH. There are no Mayo clinic boxes left so you have to send it in a makeshift box. What label is *essential* on the outer container to ship the specimen?
   a. Formalin
   b. UN3373
   c. SDS
   d. CytoRich Red
   e. Sharps

5. Hematoxylin stains
   a. Fresh blood
   b. Keratinized cytoplasm
   c. Cytoplasm of non-metabolically active cells (superficial cells)
   d. Cytoplasm of metabolically active cells (intermediate cells, parabasal cells, metaplastic cells, etc)
   e. Nuclei
   f. A and C

-1/2

6. OG and EA-50 stain
   a. Fresh blood
   b. Cytoplasm
   c. Nuclei
   d. A and B

7. When running specimens through the stainer, the last 100% alcohol should be dumped and rotated about 1 – 2 times per week to ensure
   a. No stains are present in the last alcohol before going into Xylene
   b. No water is present in the last alcohol before going into Xylene
   c. Alcohol is being wasted

8. True or False. Slides must be 100% dry before staining with Diff-Quik stain.
   a. True
   b. False

9. CLIA regulations are in place to ensure that specimens are handled appropriately in order to reduce specimen errors. One CLIA regulation states that non-gynecologic specimens that have a high potential for cross-contamination must be stained separately from other non-gynecologic specimens. How do we ensure we are following CLIA in this respect?
   a. We perform supravital staining using a Diff-Quik stain to evaluate the specimen for cellularity and/or malignant cells before placing on the stainer with other specimens
   b. All malignant and benign specimens are stained separately on the stainer (no shared buckets)
   c. If an air-dried slide cannot be made, and it is highly probable that the specimen is positive, the slide is stained using the positive run on the stainer
   d. The positive stains are filtered after a known positive goes through to eliminate the risk of a floater cross-contaminating another slide
   e. Highly cellular fluid specimens are processed on cytospin slides which reduces the surface area of the cells on the slide and reduces the risk of floaters/cross-contamination
   f. Charged slides are used which helps cells adhere to the slide and reduces the risk of cells floating off the slide
   g. All the above

10. Reason(s) for declaring a specimen deficiency include:
    a. Specimen with only 1 patient identifier but requisition has both patient identifiers
    b. Slides broken beyond repair
    c. Specimen with minimal leakage into the specimen bag
    d. Specimen with misidentified labeling
    e. A and C
    f. B and D

11. Reason(s) for declaring a specimen rejection include:
    a. Specimen with only 1 patient identifier but requisition has both patient identifiers
    b. Slides broken beyond repair
    c. Specimen with minimal leakage into the specimen bag
    d. Specimen with misidentified labeling
    e. A and C
    f. B and D

12. A specimen rejection or deficiency should always try to be resolved with the floor/physician office to allow for processing:
    a. Except if the specimen is mislabeled in regard to patient identification
    b. The specimen must be returned to the submitting physician with a Specimen Rejection Letter
    c. A Specimen Rejection and Deficiency Form must also be filled out
    d. If the specimen is corrected and resubmitted, all actions and resolutions must be documented in PathNet under Case Comments
    e. All the above

13. Why do we test the biological fume hood daily and document this in the Maintenance Manual?
    a. We like to occupy our time with busy work in the prep area
    b. We are ensuring all vents are functioning and any biohazards will be vented out of the hood and away from the person who is processing
    c. We are ensuring all vents are functioning and any biohazards will be blown into the hood and towards the person who is processing

14. What do the lines mean on each side of the hood?
    a. This is where your eyes should be when processing in the hood
    b. This is where the top of your head should be when processing in the hood
    c. This is where the bottom of the glass partition should be to properly protect the processor from biohazards, fumes, and splashes
    d. It's the Labconco design logo

15. Match the CPT code to the correct processing method.

| | | |
|---|---|---|
| a. 88104 | E | Immediate evaluation on a core biopsy touch prep |
| b. 88108 | C | Non-GYN liquid-based prep (Thin Prep) |
| c. 88112 | A | Smears made /Smears received |
| d. 88305 | B | Cytospin made |
| e. 88333 | D | Cell block |

16. If you screen a Pap Test and then decide to reprocess the specimen due to too much blood, mucous, or low cellularity, why do you need to update the slide count in PTOE to reflect the additional reprocessed slide and document on the requisition that the slide was reprocessed?
    a. Because the only way to track additional slides in the computer is to add a slide in PTOE
    b. Because any manipulation to the original specimen must be documented
    c. Because the Cytotechnologist needs to know the specimen was reprocessed so it can be reported under "Comments" in the final report
    d. All the above

17. What happens to cells cytologically, when frozen? In other words, what happens when they are left in the freezer too long? (Note: this is for a standard freezer, like ours... not a -20°C used for genetics testing)
    a. The cell membrane ruptures
    b. The nucleus loses its crispness and becomes a vague blue blob
    c. The cells become fragmented and degenerated
    d. All the above

18. If extra CSF was frozen by the main lab and the cytology was not processed, can we use the frozen specimen?
    a. Yes, the specimen will be fine because it was frozen
    b. No, the cells will be degenerated so the specimen is only usable for clinical lab testing

19. Why do we re-organize PTOE to have the GMS slide on the cytology cytospin slide and the GMS(+) slide on the cell block?
    a. Because the fungal/PCP control is placed on the cell block slide
    b. The control must go on the cell block slide because both the control and cell block are in paraffin and so the slides must be baked (paraffin melted)
    c. It's good for the control to be on a slide with specimen (the cell block slide) because there is a possibility of the machine shooting a blank, and causing a false negative result... this would not be known if a control is on a separate slide from the actual specimen
    d. Because PathNet likes to make things complicated
    e. A, B, and C only (but we do question the possibility of D)

20. You go on an EBUS case. While holding the needle, the respiratory tech blows air through the tubing and it sprays blood and specimen into your face, eyes, and mouth. What went wrong?
    a. Proper PPE was not worn (no eye shield or face mask)
    b. The needle hub opening was facing up instead of down toward the slide
    c. The respiratory tech blew the specimen through the needle aggressively hard
    d. All the above

21. What three documents must go out with an Afirma specimen?
    a. Top sheet of Veracyte form
    b. Verified final report
    c. Facesheet
    d. All the above

22. True or False. 30mL of urine is the minimum amount required for UroVysion (FISH) testing and the ratio of urine to PreservCyt is a 1:1 solution.
    a. True
    b. False

23. Why must we do equipment maintenance every week?
    a. To keep busy
    b. To ensure equipment is clean and working properly
    c. To add to our list of things to do
    d. All the above

24. When CSF specimens are received before noon, when should we sign them out by?
    a. The end of the day
    b. The next day
    c. The next week
    d. The next month

25. A Pap Test is considered STAT and should be signed out within 48-hours for:
    a. Clinic patients
    b. Office patients
    c. In-patients/OR/SPUS (transplant patients, patients with PMP bleeding, patients with a pelvic/cervical/endometrial mass)
    d. SPUS (routine for intellectual disability or gender dysphoria)

26. Match the phone extensions to the person/department.

| | | |
|---|---|---|
| a. x0705/x0706 | I | Dr. Belser |
| b. x0840/x0841 | H | Dr. Heayn |
| c. x1330 | G | Dr. Qualtieri |
| d. x1331 | P | Clinical Lab: Central Processing |
| e. x1366 | O | Clinical Lab: General line (will ring in all clinical lab departments) |
| f. x1380 | M | Clinical Lab: Hematology |
| g. x1427 | N | Clinical Lab: Microbiology |
| h. x1428 | K | Pathology lab: Cytoprep area |
| i. x1429 | L | Pathology Lab: Histology |
| j. x1432 | J | Pathology Office: Lydia |
| k. x1442 | Q | Pathology Office: fax number |
| l. x1443 | E | IR control room |
| m. x1452 | C | IR physician room (physician line) |
| n. x1458 | D | IR physician room (PA line – Jillian or Pam) |
| o. x1475 | F | OR control desk |
| p. x1477 | A | CAT Scan control room |
| q. x1483 | B | Security Office |
| r. x1799 | R | Vocera |

27. Why do we check patient history in AECIS and PowerChart before going on an FNA and/or biopsy?
    a. To be prepared for the biopsy with the appropriate reagents and/or containers
    b. To make the pathologist aware of the history [helpful when a frozen section comes while we are on a biopsy and the pathologist doesn't have time to look up the history]
    c. To be well-prepared for the biopsy and interventional radiologist in case they missed microbiology or molecular orders in the system
    d. To make sure the patient does not have to return for a repeat biopsy due to our negligence of not being prepared, as every biopsy carries an inherent risk of infection or other complication
    e. All the above