Hematology/Blood Bank Competency 2024

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If the IQ 200 is reporting Few bacteria but you also see bacteria in about half of all the WBC images, what would you report for bacteria?
2. Few BACT
3. 1+ BACT
4. 2+ BACT
5. 3+ BACT
6. NONE
7. When using the Clinitek, what positive results require a microscopic analysis using either the Iris IQ or the microscope?
8. Protein, bilirubin, nitrite, or the urine is slightly cloudy or cloudy.
9. Blood, leukocyte esterase, ketone, nitrite, or urine is cloudy.
10. Protein, nitrite, blood, leukocyte esterase, or the urine is slightly cloudy or cloudy.
11. Glucose, nitrite, blood, leukocyte esterase, or the urine is slightly cloudy or cloudy.
12. You are performing a DAT and your “control” tube is positive for agglutination. What do you do next?
13. Proceed with the “DC” tube and report the Poly DAT result.
14. Proceed to Monospecific AHG procedure.
15. Consult with the supervisor and do not report the Poly DAT result.
16. What is the minimum amount of urine required to perform a manual microscopic?
17. 2 mls
18. 3 mls
19. 4 mls
20. 8 mls
21. Which fluids can not be run on the SYSMEX?
22. CSF
23. BAL
24. Pleural
25. Pericardial
26. If it’s the 5th day of the month, which level of iSED QC do you run first?
27. Level 1
28. Level 2
29. Either one, it doesn’t matter
30. If you have an Apixaban result of 10, how is this reported?
31. 10 ng/mL
32. < 15 ng/mL
33. < 20 ng/mL
34. If cell clumps or debris are present on the counting chamber when performing a manual cell count, what do you do?
35. Cancel the cell count as “Unable to perform cell count”.
36. Perform manual cell count and note in the comments: “Accuracy of cell count questionable due to cell clumps” or “Accuracy of cell count questionable due to debris present”.
37. Run cell count on SYSMEX.
38. You cannot find at least 25 cells on the peripheral smear. What do you do?
39. Scan the entire slide and report the cell count in IM.
40. Scan the entire slide and report the total number of cells counted and the number of each cell type in comments. Put a # under “Segs” in VISTA to refer to comment.
41. Cancel the differential.
42. You receive a T/S specimen without the BCF, what do you do?
43. Reject the specimen and notify the phlebotomist that the specimen will need to be redrawn per policy.
44. Wait for BCF to be sent down.
45. Accept the specimen because it’s labeled correctly.
46. How often should urine hCG controls be run?
47. Daily
48. Monthly
49. Once per lot, shipment, or monthly.
50. Weekly and when a new lot of strips is opened.
51. When performing an Antibody Titer, which tube is considered the endpoint?
52. The tube that has the last w+ macroscopic agglutination
53. The tube that has the last 1+ macroscopic agglutination
54. The first tube that has a negative macroscopic agglutination
55. A positive test for hemoglobin S is indicated by a cloudy turbid suspension through which the ruled black lines are not observable. To confirm that the test is positive, how many times should the patient cells be washed with saline?
56. Once
57. Twice
58. Until the supernanent is clear