* Passing = 80%
* Each question is worth 16.7 points (100/6)
* Points will be split equally across multiple part questions. (Ex. #2 = 3.3 per label)
* The intent is to build this test in MTS. However, we may have to use a paper test since we want to use the real-life tubes for the hemolysis portion.
* The differentials can be a separate test.

**DRAFT**

Questions = BLACK Answers = RED Notes = Green

1. How do you determine if a sample is Stat?
   1. A stat sample from the ER/ED will have a yellow label.
   2. A stat sample will have “stat” indicated on the label.
   3. A stat sample will say “stat” in Vista for the order number

Any of these answers would be acceptable. This is an open-ended question that the technologists should fill in.

1. Prioritize these samples based on the color/location of the label:

Maybe we can take pictures of real labels and insert them here. We can black out the patient information. The point is to have the colors present.

* 1. Red boarded label – med/onc stat
  2. Yellow label – ED stat
  3. Pink boarded label – outpatient lab ROU
  4. White label no boarder – CBOC ROU
  5. Blue boarded label - inpatient lab ROU

For us, the staff should note that the yellow label is Stat from the ER/ED

1. What is the required labeling for specimen acceptability?

All specimens arriving at the lab, from the wards or clinics, must be labeled with:

* + - * 1. Patient's full name
        2. Full Social Security Number
        3. Date/Time of collection
        4. Collector's initials (two signatures if Transfusion Medicine sample)
        5. Order Number
        6. Source for microbiology specimens

Answers must include at least 1-4 to be considered correct.

1. Why would you reject a purple top for CBC?

Criteria for rejection of specimen:

* 1. Specimens that are not labeled properly.
  2. Insufficient volume of blood.
  3. Expired collection tubes.
  4. Improper specimen collection.
  5. Grossly hemolyzed specimens.
  6. Samples that are clotted.

The staff should at least note 1, 2, 4, 5, and 6. These are all visual inspections relevant to color blindness

1. Why would you reject a blue top for Coag?

Samples that are not filled to minimal capacity or over-filled tubes, clotted or hemolyzed tubes may yield incorrect results and will result in rejection

The staff should at the very least note clotted or hemolyzed.

1. Note if each tube is positive for hemolysis or negative for hemolysis. Determine if the following tubes are acceptable or should be rejected? (Note: for this competency, any level of hemolysis should be rejected).
   1. No hemolysis – accept; no hemolysis
   2. Slight hemolysis – reject; hemolyzed
   3. Moderate hemolysis – reject; hemolyzed
   4. Severe hemolysis – reject; hemolyzed

We are simply looking for the staff to note the presence of hemolysis