1. What is the proper way to reconstitute RecombiPlasTin?
   1. Pour diluent vial directly into the lyophilized reagent bottle.
   2. Pipette 20 mL of diluent into the reagent bottle using a disposable serological pipette.
   3. Pipette 10 mL of diluent into the reagent bottle using a glass serological pipette and bulb.
   4. Pipette 20 mL of diluent into the reagent bottle using a glass serological pipette and bulb.
2. What is the cut-off time to add-on a PT to a centrifuged specimen?
   1. 24 hours
   2. 6 hours
   3. 8 hours
   4. Never
3. What is the specimen stability for a PTT?
   1. 4 hours
   2. 12 hours
   3. 1 hour
   4. 3 days
4. A specimen for a DD gave a failed result due to interfering substances. What should you do next?
   1. Cancel the DD and order a DDHS.
   2. Result the DD as invalid and report to the physician.
   3. Result the DD “>232” and verify to automatically order the DDHS.
   4. Result the DD “300” and perform to automatically order the DDHS.
5. A patient has a hematocrit of 58. How much citrate should be removed from the blue top tube before coagulation testing can be performed?
   1. 0.09 mL
   2. 0.14 mL
   3. 0.05 mL
   4. 0.11 mL
6. What is the consequence of running a PT on a sample that is clotted?
   1. Falsely increased
   2. Falsely decreased
7. What is the consequence of running a PT on a sample with a hematocrit greater than 55 without adjusting the citrate volume?
   1. Falsely increased
   2. Falsely decreased
8. Identify the structure at the end of the arrow
   1. Red blood cell cast
   2. White blood cells in clumps
   3. White blood cell cast
   4. Sheet of renal tubular epithelial cells
9. Identify the cells seen in this image
   1. Renal tubular epithelial cells
   2. White blood cell
   3. Trichomonas
   4. Transitional epithelial cell
10. The three predominant cell types in this picture are:
    1. Squamous epithelial cells, white blood cells, and transitional epithelial cells
    2. Renal tubular epithelial cells, white blood cells and transitional epithelial cells
    3. Squamous epithelial cells, red blood cells, and transitional epithelial cells
    4. Squamous epithelial cells, red blood cells, and renal tubular epithelial cells
11. Identify the structure at the end of the arrow. The pH of the urine is 8.5.
    1. Triple phosphate crystal
    2. Leucine crystal
    3. Sulfa crystal
    4. Ammonium biurate crystal
12. What is a possible reason for getting a positive result for blood on the Clinitek and not see any RBCs on the microscopic?
    1. The RBCs have lysed due to alkalinity
    2. Elevated specific gravity
    3. Mars and Jupiter are in alignment
    4. The patient spit in the urine sample
13. Which of these may cause a false positive nitrite?
    1. Ascorbic acid
    2. Nitrofuratoin
    3. Pyridium
    4. Whiskey
14. The Clinitek gave a leukocyte result of trace, but 15-25 WBCs are seen on the microscopic. What may cause this?
    1. Elevated glucose
    2. Pyridium
    3. Bilirubin
    4. Kerosene
15. A cloudy urine from a female patient is negative for nitrates and leukocyte esterase. The microscopic examination reveals 5-9 WBCs and 1+ bacteria. The physician has ordered a Culture if Indicated for the same patient. What do you do now?
    1. Result as “Not Indicated.”
    2. Result as Indicated and add-on the culture to the accession number.
    3. Result as Indicated and order a culture under a separate accession number.
    4. Result as indicated and do nothing since the LIS will order the test.
16. What is the specimen stability for a mono test with the Acceava Mono II kit?
    1. 2 days room temperature
    2. 1 hour room temperature
    3. 2 days refrigerated
    4. 1 hour refrigerated
17. You get a positive Influenza B on a patient. What do you do?
    1. Nothing, it auto-verifies
    2. Verify the result and order an MBAT for PCR testing and send the sample to the main lab.
    3. Scream and hide under the desk.
    4. Result as invalid
18. Which of the following tests requires lot-to-lot QC?
    1. Upreg
    2. Mono
    3. Strep A+
    4. Strep A
19. What sample is needed for a TCA confirmation?
    1. 5 mL urine
    2. Serum
    3. Plasma
    4. 10 mL urine
20. How long should you wait before adding developer to a stool occult blood test after placing the sample on the card?
    1. 1-2 minutes
    2. 30 minutes
    3. 3-5 minutes
    4. Immediately
21. Which of these may cause a false negative stool occult blood?
    1. Alcohol
    2. Beets
    3. Vitamin C
    4. Red meat
22. Which of the following specimens is inappropriate for Sofia influenza A&B and RSV testing?
    1. An eSwab with white cap.
    2. UTM media with red cap
    3. A foam tip nasopharyngeal swab
    4. Nasal wash or aspirate
23. How often is the Sofia calibrated?
    1. Never
    2. Every 30 days
    3. Whenever a new lot is opened
    4. When a test is invalid