

NHA Phlebotomy Technician Certification Exam (CPT)

NHA Phlebotomy-Technician

Version Demo

Total Demo Questions: 5

Total Premium Questions: 50

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Topic Break Down

Topic	No. of Questions
Topic 1, Safety and Compliance	16
Topic 2, Patient Preparation	10
Topic 3, Routine Blood Collections	10
Topic 4, Special Collections	14
Total	50

QUESTION NO: 1

A phlebotomist realizes after leaving the patient's bedside that an unlabeled tube is in the collection tray. Which of the following actions should the phlebotomist take?

- A.** Label the tube using the information on the requisition.
- B.** Ask another phlebotomist to identify the tube.
- C.** Follow facility policy for an unlabeled specimen and recollect if required.
- D.** Send the tube to the laboratory with a note explaining the delay.

ANSWER: C

Explanation:

The phlebotomist should follow facility policy for an unlabeled specimen, which commonly requires rejection and recollection. Specimen labels must be applied in the presence of the patient after collection using the required identifiers. Labeling a tube after leaving the bedside creates an unacceptable risk of misidentification, even when the phlebotomist believes the tube belongs to a particular patient. The collection error should be handled and documented according to facility procedure.

QUESTION NO: 2

A hospitalized patient has marked edema in the left forearm. The right arm has an accessible antecubital vein with no visible complications. Which of the following collection sites should the phlebotomist select?

- A.** Left forearm below the area of edema
- B.** Left forearm through the least swollen area
- C.** Right antecubital area
- D.** Left wrist over a visible superficial vein

ANSWER: C

Explanation:

The phlebotomist should select the accessible vein in the right antecubital area. Edematous tissue contains excess fluid that can dilute a specimen and make vein assessment less reliable. Venipuncture through edema may also be more difficult and can increase patient discomfort. When an unaffected extremity has a suitable site, it is the preferred choice for collection.

QUESTION NO: 3

A phlebotomist discovers that they obtained a specimen in an expired additive tube. Which of the following actions should the technician take?

- A.** Redraw the specimen in an unexpired tube.
- B.** Transfer the specimen into an unexpired tube containing the same additive.
- C.** Place the specimen on ice for 10 min for transfer.
- D.** Submit the specimen if the expiration date is within 30 days.

ANSWER: A

Explanation:

Redraw the specimen in an unexpired tube. Additive tubes are manufactured and validated to maintain a specific vacuum and a precise blood-to-additive ratio through the labeled expiration date. Those features are essential for specimen integrity and for accurate testing, particularly when the additive is intended to prevent clotting, preserve cells, or stabilize an analyte. After expiration, the tube's vacuum, additive performance, and closure integrity can no longer be assumed to meet the manufacturer's validated specifications. Therefore, blood collected in that tube may not be suitable for reliable laboratory analysis. Recollection using an in-date tube is the appropriate corrective action because it provides a newly collected specimen under controlled, valid conditions. The phlebotomist should also follow facility procedure for removing expired collection supplies from active stock and reporting or documenting the preanalytical collection issue as required. Performing expiration-date checks before venipuncture is an important quality-control practice that helps prevent recollections, delays in care, and potentially inaccurate results. The CDC emphasizes that specimen quality and proper collection procedures are critical to dependable laboratory testing, and FDA guidance requires medical devices to be used according to their labeling and validated conditions. See the [CDC Laboratory Quality Training resources](#) and the [FDA Medical Devices overview](#).

QUESTION NO: 4

Which of the following actions should a phlebotomist take before palpating a vein?

- A. Put on gloves.
- B. Remove the needle cap.
- C. Label the collection tubes.
- D. Ask the patient to bend the arm.

ANSWER: A

Explanation:

Put on gloves. Before beginning venipuncture site assessment, the phlebotomist should perform hand hygiene and don appropriate personal protective equipment, including gloves. Palpating a vein involves touching the patient's skin in preparation for an invasive procedure that may expose the phlebotomist to blood. Gloves provide a barrier against potential exposure to blood and other potentially infectious materials and are part of Standard Precautions for blood collection procedures. Once gloves are on, the phlebotomist may apply the tourniquet and palpate to identify a vein with appropriate size, direction, depth, and resilience. If the chosen site is then cleansed, the phlebotomist should avoid touching it again; if repalpation is necessary, it must be done using an appropriate aseptic approach, such as a new glove. Consistent glove use before vein palpation supports both patient safety and occupational infection prevention. The Occupational Safety and Health Administration requires employers to ensure that appropriate personal protective equipment, including gloves, is used when occupational exposure to blood or other potentially infectious materials is anticipated. See [OSHA Bloodborne Pathogens Standard](#) and the [CDC Standard Precautions guidance](#).

QUESTION NO: 5

A patient starts convulsing during a blood collection. Which of the following actions should the phlebotomist take?

- A. Continue the collection.
- B. Allow the patient's limbs to move freely.
- C. Apply a cold compress to the patient.
- D. Offer orange juice to the patient.

ANSWER: B

Explanation:

Allow the patient's limbs to move freely. During convulsive seizure activity, the immediate priority is protecting the patient from injury while obtaining assistance and following the facility's emergency-response procedure. A phlebotomist should not attempt to hold the patient's arms or legs still, because forceful restraint can cause musculoskeletal injury and does not stop

the seizure. Instead, once the blood draw is safely discontinued, the phlebotomist should protect the patient from nearby objects, maintain a safe area around the patient, observe the event, and promptly summon appropriate help. If possible, the patient should be positioned safely in accordance with workplace protocol, with attention to airway safety after the convulsions stop. The duration and observable characteristics of the episode should be communicated to the responding clinical team. This action reflects established seizure first-aid principles: prevent injury, do not restrain the person, and seek emergency assistance as indicated. The Epilepsy Foundation's seizure first-aid guidance states that bystanders should avoid restraining a person having a seizure and should keep the person safe from environmental hazards. See [Epilepsy Foundation seizure first aid](#) and the [American Red Cross seizure guidance](#).