

**Donor Phlebotomy
Practice Test**

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Table of Contents

Chapter	Content	Page
1	Important Information <ul style="list-style-type: none">• For Directors of Donor Phlebotomy Training• For Donor Phlebotomists	4 5
2	Exam Content Outline <ul style="list-style-type: none">• What will be on the Donor Phlebotomy Exam?	6
3	Practice Test Questions <ul style="list-style-type: none">• Understanding the Role• Requirements and Regulations• Knowledge of Blood and Blood Components• Understanding Principles of Donor Selection• Proper Collection Techniques• Special Procedures	8 10 13 15 19 25
4	How Did You Do? <ul style="list-style-type: none">• Key• Self-Assessment• Just for Fun• Taking the Exam	27 28 30 32

Chapter 1: Important Information

Release Date: Fall 2006

Dear Directors of Donor Phlebotomy Training:

In 2003, the National Center for Competency Testing (NCCT) exhibited at the AABB national meeting (TXPO) to speak with attendees about the need for certification examinations in any role connected with blood donor services. Interestingly, NCCT heard the same request over and over again. Participants asked for the creation of a new, up-to-date certification exam for Donor Phlebotomists. They asked for an exam based upon the real life Donor Phlebotomist role as defined by practitioners, supervisors, and educators from blood collection centers. They wanted an exam that was congruous with the training expected from an AABB accredited facility, and one that could be administered within the United States and outside it.

As former Clinical Laboratory Scientists, Blood Bankers in AABB accredited facilities, and Program Directors of both CLS and Phlebotomy programs, we were pleased that NCCT decided to accept the challenge of creating this examination. We knew the quality of the AABB organization and its standards. We made it a personal goal to be sure that the examination that NCCT produced would live up to the standards of AABB and meet the goals of the stakeholders who had requested that we develop it.

In 2004, we began solicitation of input for the job analysis. The data was analyzed and the examination was constructed to reflect the significant content areas defined by all the identified stakeholders. Test items were built to insure that candidates for the exam would demonstrate competency at the appropriate levels, in the appropriate domains. NCCT exam references included the AABB *Standards for Blood Banks and Transfusion Services* and the AABB Donor Services Training "Everything You Need to Know to Process Donors" manual, revised in May 2005 and available to **AABB members** as a free download from their website: www.aabb.org.

NCCT brings this Donor Phlebotomy Practice Test to its customers in an effort to introduce the exam format and content areas to those who might like to prepare to take the NCCT Donor Phlebotomy certification examination.

We hope you find it useful!

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Release Date: Fall 2006

Dear Donor Phlebotomist:

Becoming an NCCT Certified Donor Phlebotomist makes a strong statement about you to the public you serve.

- It tells the general public that you care enough to prove that you are competent by having a third party agency validate what you know.
- It tells your employers that you have met national standards and are willing to maintain proof of continuing education in your profession.
- It tells your blood donors that they can trust that you know what you are doing, which can help to alleviate their fears about the donation process and bring them back again.
- One certification can say quite a bit!

It is simple to use this Donor Phlebotomy Practice Test to assess your own readiness to take the actual NCCT Donor Phlebotomy Exam.

- (1) Read through the Exam Content Outline & Standards for each category.
- (2) Work through the questions, one category at a time.
- (3) Grade your performance in each category to see if you need more review.
- (4) Review using the AABB Donor Services Training Manual (3rd Edition, May 2005)¹ or any other donor transfusion textbooks or references of your choosing that cover the content areas.

Best of Luck!

NCCT Testing Department

¹At the time of printing, the AABB Donor Services Training Manual was available as a free download **for AABB members**. See the AABB website (www.aabb.org) for information on becoming a member if you wish to download this manual for review.

Chapter 2: Exam Content Outline

What will be on the Donor Phlebotomy Exam?

This chart gives the percentage of test questions that will be asked at each level in each category, following these standards:

Standard 1

The Donor Phlebotomist should have a general understanding of performance expectations in a Blood Donor Center.

Standard 2

The Donor Phlebotomist will understand the requirements and regulations that govern donor phlebotomy.

Standard 3

The Donor Phlebotomist will exhibit knowledge of blood and blood components.

Standard 4

The Donor Phlebotomist will understand principles of donor selection.

Standard 5

The Donor Phlebotomist will demonstrate proper collection techniques.

Standard 6

The Donor Phlebotomist will understand special procedures.

Donor Phlebotomy Exam Content Grid* Categories	Level 1 Recall Awareness Familiarity	Level 2 Understanding Interpretation Application	Level 3 Analysis Synthesis Evaluation	Mean % of test questions per category
Understanding the Role	6 ± 2%	7 ± 2%	3 ± 2%	16
Requirements and Regulations	3 ± 2%	7 ± 2%	4 ± 2%	14
Knowledge of Blood and Blood Components	5 ± 2%	4 ± 2%	2 ± 2%	11
Understanding Principles of Donor Selection	3 ± 2%	11 ± 2%	10 ± 2%	24
Proper Collection Techniques	4 ± 2%	11 ± 2%	10 ± 2%	25
Special Procedures	3 ± 2%	4 ± 2%	4 ± 2%	11
Mean % of test questions by level	24	44	33	Total = 100%

*Content Grid Key

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Chapter 3: Practice Test Questions

Understanding the Role (16% of exam)

Directions:

Select the response that best completes each sentence or answers each question. Use your performance on this practice section to guide any additional preparation you might need.

1. The role of the Donor Phlebotomist generally includes all of these functions except _____.
 - a. taking the health history and vital signs
 - b. guiding donors through the donation process
 - c. performing the blood collection procedure
 - d. performing lab tests on donor samples

2. Why do the vast majority of volunteer blood donors give blood?
 - a. To benefit the community as a whole
 - b. To benefit a loved one who needs a component
 - c. To provide blood for their own elective surgery
 - d. To get free lab tests for venereal disease

3. What is the most ethical reason for paying attention to safety training?
 - a. It is an AABB requirement for labs
 - b. It protects the donor and the phlebotomist
 - c. It is an OSHA requirement and they have fines
 - d. It is a JCAHO requirement for hospitals

4. Which of these behaviors detracts from the picture of professionalism expected of a Donor Phlebotomist?
 - a. Demonstrating an attitude of caring
 - b. Wearing clean and pressed clothing
 - c. Chewing gum while taking a donor history
 - d. Making polite conversation with the donor

5. Why is it important that the first impression a prospective blood donor receives at a blood donation facility is a good one?
 - a. Because it affects his impression of the facility as a whole
 - b. Because reversing a bad impression is nearly impossible
 - c. Because the donor may never return if it is unfavorable
 - d. All answers are correct

6. A Donor Phlebotomist should address a donor with a calm, confident tone of voice in order to provide a first impression of _____.
- a. happiness
 - b. competence
 - c. importance
 - d. submission

7.-16. Select (a) or (b) to reflect whether each skill is part of a typical Donor Phlebotomist job description.

- a. Yes, most Donor Phlebotomists do this
- b. No, Donor Phlebotomists never do this

- ___ 7. Donor identification
- ___ 8. Vein selection
- ___ 9. Hemoglobin testing
- ___ 10. Donor health history
- ___ 11. Blood collection
- ___ 12. Apheresis
- ___ 13. Vital signs
- ___ 14. HIV testing
- ___ 15. Quality Control
- ___ 16. Obtaining donor consent

Practice Test Questions

Requirements and Regulations (14% of exam)

Directions:

Select the response that best completes each sentence or answers each question. Use your performance on this practice section to guide any additional preparation you might need.

1. The term that is used when someone is not allowed to donate for a temporary, indefinite, or permanent time period is known as _____.
 - a. referral
 - b. deferral
 - c. denial
 - d. refusal

2. Procedures that are established by a blood collection facility that define its operations are known as its _____.
 - a. standard operating protocols
 - b. regular business processes
 - c. standard operating procedures
 - d. accreditation standards

3. Approval that must be sought from a donor indicating that the donor understands and accepts the benefits and potential risks of donating blood is known as _____.
 - a. donor consent
 - b. implied consent
 - c. advanced directive
 - d. informed approval

4. Which of these are enforcement activities of the Food and Drug Administration with respect to blood donation facilities?
 - a. Conducting unannounced inspections
 - b. Determining the safety of blood and components
 - c. Licensing facilities for interstate transport
 - d. All answers are correct

5. Failure to comply with OSHA regulations may result in _____.
 - a. closure of a facility
 - b. legal action
 - c. monetary penalties
 - d. misdemeanor charges

6. Entries made on donor records must be _____.
 - a. dated
 - b. in ink
 - c. written in 'real' time
 - d. all answers are correct

7. How should documentation errors be handled if made on the donor record?
 - a. They must be erased completely
 - b. They cannot be changed
 - c. Corrections are initialed and dated
 - d. Correction tape is used to cover the error

8. Why must Donor Phlebotomists ask potential donors some very personal questions about their health history and sexual behaviors?
 - a. To try to insure that the donor will not be harmed by donating
 - b. To try to insure that an intended recipient will not be harmed
 - c. Both answers are correct
 - d. Neither answer is correct

9. Would a minor or a legally incompetent adult always be allowed to sign the donor consent form?
 - a. Yes
 - b. It depends upon the recipient need
 - c. No
 - d. Consent must be addressed in accordance with applicable law

10. Unauthorized disclosure, whether willful or negligent, of information related to any part of the donation process is a violation of _____.
 - a. laws of fair practice
 - b. confidentiality
 - c. informed consent
 - d. the Code of Federal Regulations

11. The principles of _____ are based upon the understanding that anything that comes into contact with blood or body fluids must be considered contaminated and treated as biohazardous.
- Universal Precautions
 - Occupational Safety and Health
 - the Federal Drug Administration
 - aseptic technique
12. The Standards for Blood Banks and Transfusion Services are requirements published by _____ that enhance the safety and efficacy of blood collection and transfusion.
- OSHA
 - FDA
 - AABB
 - USDA
13. Unauthorized disclosure of confidential donor information, whether willful or not, may result in _____.
- harm to the donor
 - legal liability for the facility
 - both answers are correct
 - neither answer is correct
14. The AABB Standards involving Donor Consent state that all of the following shall be explained to the donor except which one?
- Risks of the procedure
 - Tests performed to reduce transmission of disease
 - The donor's right to ask questions & refuse consent
 - Compensation options for the donor's time off work

Practice Test Questions

Knowledge of Blood and Blood Components (11% of exam)

Directions:

Select the response that best completes each sentence or answers each question. Use your performance on this practice section to guide any additional preparation you might need.

1. An individual who is B Positive (B+) will possess the _____ on his red blood cells.
 - a. A antigen
 - b. B antigen
 - c. B antibodies
 - d. O antibodies

2. The red blood cells of an individual who is group O will possess _____ antigen.
 - a. A
 - b. B
 - c. AB
 - d. neither A nor B

3. Most of the people in the United States exhibit which blood type?
 - a. O Positive
 - b. A Positive
 - c. B Positive
 - d. AB Positive

4. Which blood type is least prevalent in the United States?
 - a. O Negative
 - b. A Negative
 - c. B Negative
 - d. AB Negative

5. What type of instrument is generally used to separate blood components mechanically?
 - a. Rotator
 - b. Centrifuge
 - c. Microwave
 - d. Ultracentrifuge

6. When an individual is A positive, it is expected that he will naturally have _____ in his plasma.
- a. A antigens
 - b. B antigens
 - c. A antibodies
 - d. B antibodies
7. An individual of blood group O negative will naturally have _____ in his plasma.
- a. A antigens
 - b. B antigens
 - c. A and B antibodies
 - d. O antibodies
8. Which blood component consists of an insoluble concentrate of antihemophilic factor (AHF) from plasma?
- a. Cryoprecipitate
 - b. Fresh frozen plasma
 - c. Packed red blood cells
 - d. Leukocytes
9. The primary function of white blood cells in the bloodstream is to _____.
- a. carry oxygen to tissue
 - b. form a hemostatic plug
 - c. fight infection
 - d. carry carbon dioxide
10. The primary function of red blood cells in the bloodstream is to _____.
- a. carry oxygen to tissue
 - b. form a hemostatic plug
 - c. fight infection
 - d. carry carbon dioxide
11. The primary function of platelets in the bloodstream is to _____.
- a. carry oxygen to tissue
 - b. form a hemostatic plug
 - c. fight infection
 - d. carry carbon dioxide

Practice Test Questions

Understanding Principles of Donor Selection (24% of exam)

Directions:

Select the response that best completes each sentence or answers each question. Use your performance on this practice section to guide any additional preparation you might need.

1. The _____ requires that each unit of blood be marked so that it can be linked to the donor, insuring safety and traceability.
 - a. Code of Federal Regulations
 - b. Occupational Safety and Health Administration
 - c. Center for Disease Control
 - d. Federal Drug Administration

2. Which of these would be most useful as unique numeric identifier for distinguishing between donors with similar names?
 - a. Birthday
 - b. Middle name
 - c. Social Security number
 - d. Driver's License number

3. Who sets the policies and procedures for donor identification at a donation site?
 - a. AABB
 - b. FDA
 - c. CFR
 - d. The facility itself

4. Which of these is advisable to guard against mix-ups in the blood donation process?
 - a. Verifying information at all points along the donation process
 - b. Verifying everything at the start and at the end of the donation
 - c. Letting someone else help with the identification process
 - d. Finishing documentation after the donation to avoid distraction

5. Which of these would be considered an important objective of donor selection?
 - a. Blood donation should not harm the donor
 - b. Blood collected should not harm the recipient
 - c. Both answers are correct
 - d. Neither answer is correct

6. All documentation on the donor record must be _____.
- accurate
 - legible
 - indelible
 - All answers are correct
7. Why is it important that Donor Phlebotomists establish an atmosphere of trust and confidence with the donor?
- To insure the donor provides an honest medical history
 - To alleviate concerns about discomfort as much as possible
 - To establish a relationship that will encourage a return donation
 - All answers are correct
8. According to AABB standards, blood banks should have procedures to insure that all of the following donor education occurs except which one?
- Information about diseases transmitted by blood transfusion
 - Information about signs and symptoms of AIDS
 - Information about signs and symptoms of Chlamydia
 - Importance of withdrawal if blood might be unsuitable
9. What happens if a laboratory test finding is abnormal on a donor who may not realize there is an abnormality, per AABB standards?
- Nothing
 - The donor is immediately informed by registered letter
 - The medical director establishes a means for notification
 - The facility will send the information to the donor's physician

Items 10-19 refer to Criteria for Donor Selection of the AABB:

10. What is the current age requirement for allogeneic donor qualification?
- 16 years or older, or applicable state law
 - 17 years or older, or applicable state law
 - 18 years or older, or applicable state law
 - 21 years or older, or applicable state law
11. What is the current maximum volume collection requirement for allogeneic donor qualification?
- 10.5 mL per pound donor weight
 - 10.5 mL per kg donor weight
 - 10.5 L per pound donor weight
 - 10.5 L per kg donor weight

12. What is the current requirement for the allowed donation interval in allogeneic donor qualification?
- a. 8 weeks after whole blood donation
 - b. 16 weeks after 2-unit red cell collection
 - c. 4 weeks after infrequent plasmapheresis
 - d. All answers are correct
13. What is the minimum requirement for hematocrit for an allogeneic blood donor?
- a. 35%
 - b. 36%
 - c. 37%
 - d. 38%
14. What systolic blood pressure reading is acceptable for an allogeneic blood donor?
- a. Less than or equal to 180 mm Hg
 - b. Less than or equal to 185 mm Hg
 - c. Less than or equal to 190 mm Hg
 - d. Less than or equal to 195 mm Hg
15. Which of these diastolic blood pressure readings would be unacceptable for an allogeneic blood donor (readings given in mm Hg)?
- a. 101
 - b. 96
 - c. 91
 - c. 86
16. Which of these pulse readings would not be acceptable for an allogeneic blood donor?
- a. 51 beats per minute
 - b. 98 beats per minute
 - c. 75 beats per minute, with occasional pathologic irregularities
 - d. 45 beats per minute, in a healthy athlete
17. How long does pregnancy defer an allogeneic blood donor?
- a. 4 weeks
 - b. 5 weeks
 - c. 6 weeks
 - d. 8 weeks

18. Which of these donors is not deferred indefinitely?
- a. History of viral hepatitis after age 11
 - b. Past clinical evidence of HCV infection
 - c. Receipt of live attenuated viral vaccine
 - d. History of babesiosis
19. Which of these results in a 12 month deferral?
- a. Confirmed positive for HBsAg
 - b. A history of Chagas' disease
 - c. Identified risk of vCJD per FDA guidelines
 - d. Incarceration in a correctional facility for more than 72 hours
20. What important process provides the donor with the opportunity to complete the donation process and then notify the blood collection facility in confidence that the donated blood may not be appropriate for transfusion?
- a. Informed Consent
 - b. Advanced Directive
 - c. Confidential Unit Exclusion
 - d. Confidential Unit Inclusion

Practice Test Questions

Proper Collection Techniques (25% of exam)

Directions:

Select the response that best completes each sentence or answers each question. Use your performance on this practice section to guide any additional preparation you might need.

1. If a donor changes chairs or locations, the Donor Phlebotomist should recheck all but which of the following?
 - a. ID # on donor records
 - b. ID # on collection bags
 - c. ID # on specimen tubes
 - d. Integrity of the collection bag

2. What is the single most important process of the Donor Phlebotomy procedure?
 - a. Donor identification
 - b. Vein selection
 - c. Vein anchoring
 - d. Blood bag inspection

3. The number assigned to a donor and his medical history must match the number assigned to _____.
 - a. the blood bag
 - b. all satellite bags
 - c. all test tubes with donor blood
 - d. All answers are correct

4. What should the Donor Phlebotomist do to inspect the blood bags before use?
 - a. Check for holes
 - b. Check for breaks in the seals
 - c. Check for any liquid on the outside of the bag
 - d. All answers are correct

5. What should a Donor Phlebotomist do if the blood collection bag appears to have a pinpoint hole in it *before* blood is collected?
 - a. Notify the medical director
 - b. Do not use the bag & notify the manufacturer
 - c. Use a small piece of surgical tape to cover it
 - d. Go ahead with the collection and see if it leaks

6. What should a Donor Phlebotomist do if the blood collection bag appears to have a pinpoint hole in it *after* blood has been collected?
 - a. Notify the medical director
 - b. Notify the manufacturer; blood cannot be used
 - c. Use a small piece of surgical tape to cover it
 - d. Notify the manufacturer; blood can still be used

7. What is the expected RBC shelf life if CPD is used as an anticoagulant for a donor unit?
 - a. 21 days
 - b. 28 days
 - c. 35 days
 - d. 42 days

8. What is the expected RBC shelf life if CPDA-1 is used as an anticoagulant for a donor unit?
 - a. 21 days
 - b. 28 days
 - c. 35 days
 - d. 42 days

9. While determining which vein to use for drawing blood, the Donor Phlebotomist must also do which of the following?
 - a. Explain that he must also look for signs of drug abuse
 - b. Ask the patient several times whether he uses drugs
 - c. Inconspicuously look for evidence of illicit drug use
 - d. Inspect the full length of both arms for other needle marks

10. What is the simplest way to distinguish an artery from a vein during site selection?
 - a. Arteries have three thick muscular layers
 - b. Veins are always closer to the skin
 - c. Arteries will pulsate when the skin is retracted
 - d. Veins are less elastic than arteries when palpated

11. What is a major function of veins?
 - a. To carry oxygen-rich blood from the heart to body tissues
 - b. To carry deoxygenated blood back to the heart
 - c. To carry oxygen-rich blood from the heart to the capillaries
 - d. To carry deoxygenated blood from the heart to the tissues

12. How might a Donor Phlebotomist know whether a nerve was hit during the venipuncture procedure?
- The donor will most likely complain
 - The donor arm might feel numbness
 - The donor might note shooting pain
 - All answers are correct
13. Which veins are generally best for donor phlebotomy with regard to blood flow, turgor, and tissue support?
- Basilic
 - Cephalic
 - Median cubital
 - Axillary
- 14.-19. Place each of these steps in the donor vein selection process in the suggested order according to the AABB training manual. Number them 1 – 6.
- ___ 14. Anchor vein
- ___ 15. Palpate
- ___ 16. Apply blood pressure cuff
- ___ 17. Have donor bend arm slightly
- ___ 18. Apply 60 mm Hg (without ever exceeding diastolic pressure)
- ___ 19. Have the donor squeeze a hand grip several times, then hold grip
20. If a Donor Phlebotomist applies firm finger pressure to a “possible vein site” while releasing the tourniquet and the “vein” disappears, the Donor Phlebotomist can presume _____.
- it is a vein
 - it is an artery
 - it is a tendon
 - it is a hematoma
21. If a Donor Phlebotomist applies firm finger pressure to a “possible vein site” while releasing the tourniquet and the “vein” remains visible and palpable afterward, the Donor Phlebotomist can presume _____.
- it is a vein
 - it is an artery
 - it is a tendon
 - it is a hematoma

22. If it is difficult for a Donor Phlebotomist to find suitable veins in a donor, which of these might be the best way of answering the donor who asks, "What's wrong?"
- "You have very small veins, so this is not going to be easy."
 - "You are going to be a difficult, but not impossible, collection."
 - "Nothing at all; I'm just making sure I select the best site."
 - "Nothing, but you had better hope you never need a transfusion!"
23. Why should a Donor Phlebotomist avoid blood collection in an area of the arm with scar tissue?
- Scarred veins may collapse more easily
 - Veins in scarred areas may lack good tissue support
 - Skin will not be elastic and may be tough to pierce
 - There is no need to avoid scar tissue
24. Why might a Donor Phlebotomist go to the trouble of massaging a donor's arm from wrist to elbow, distend the arm, allow the donor's arm to hang down at the side of the donor bed, and/or allow the donor to slowly open and close the fist?
- Vein may be deep
 - Vein may be sclerosed
 - Vein may be a roller
 - Veins may be on surface
25. If a donor is sensitive to iodine products, what must happen?
- The medical director will decide upon a cleansing alternative
 - The donor will not be able to donate blood
 - The Donor Phlebotomist must wash the iodine off thoroughly
 - No need to change procedures as it will be a minor issue

26-35. Place each of these steps in the post donation process in the suggested order according to the AABB training manual by numbering them 1-11.

- ___26. Have donor lower arm; keep pressure on venipuncture site
- ___27. Clamp tubing
- ___28. Inspect arm for evidence of bleeding
- ___29. Have donor press on gauze and elevate arm
- ___30. Remove needle quickly and apply pressure on gauze
- ___31. Release blood pressure cuff; tell donor you will be removing needle
- ___32. Record stop time
- ___33. While keeping site covered, remove iodine from around the site
- ___34. Apply pressure dressing
- ___35. Remove gripper from donor's hand
- ___36. Stabilize needle at hub and remove tape

37-40. Problem Solving

Please match the best course of action with the problem given.

Possible Courses of Action

- a. Redirect needle bevel away from vein wall
- b. Discontinue collection
- c. Remove needle and document incident
- d. Provide warm blanket

___37. Donor has chills

___38. Blood flow seems to have decreased dramatically

___39. Enlarging hematoma

___40. Severe shooting pain

Practice Test Questions

Special Procedures (11% of exam)

Directions:

Select the response that best completes each sentence or answers each question. Use your performance on this practice section to guide any additional preparation you might need.

1. Blood donated for the donor's own use is called an _____ unit.
 - a. allogeneic
 - b. apheretic
 - c. autologous
 - d. autoimmune

2. How do AABB standards for autologous donation compare with those of allogeneic donation?
 - a. They are stricter
 - b. They are less rigid
 - c. They are the same
 - d. There are no standards for autologous donation

3. Which of these are reasons that a donor might consider autologous donation?
 - a. If he has rare antigens or antibodies
 - b. If he has a history of transfusion reaction
 - c. If he is afraid of the safety of community blood
 - d. All answers are correct

4. According to AABB standards, the phrase "For autologous use only" is _____ on the label of an autologous unit.
 - a. required
 - b. not required
 - c. not applicable
 - d. optional

5. According to AABB standards, the recipient's name, identification number, and the patient's hospital numeric identifier are _____ on the label of an autologous unit.
 - a. required
 - b. not required
 - c. not applicable
 - d. optional

6. When allogeneic blood is donated by a designated donor for the use of a specific patient it is called a(n) _____ donation.
- autologous
 - allogeneic
 - directed
 - selective
7. Therapeutic phlebotomy is often a treatment for _____.
- polycythemia vera
 - hemochromatosis
 - porphyria
 - All answers are correct
8. A donation process in which blood is collected and separated into components, plasma, and/or cells with select elements removed and other elements returned to the donor is known as _____.
- apheresis
 - directed donation
 - selective donation
 - autologous donation
9. The act of collecting whole blood for the purpose of separating out thrombocytes while returning the red blood cells to the donor is known as _____.
- plasmapheresis
 - plateletpheresis
 - red cell apheresis
 - leukopheresis
10. Blood collection from a donor who wants autologous blood available for elective surgery must be completed more than _____ hours before surgery is scheduled to occur.
- 24
 - 48
 - 72
 - 96
11. Who establishes the precise policies and procedures for collecting appropriate blood volume and age requirements for autologous donors?
- AABB
 - FDA
 - OSHA
 - Each blood collection facility

Chapter 4: How Did You Do?

Key

Understanding the Role	Understanding Principles of Donor Selection	Proper Collection Techniques (cont)
1. d	1. a	25. a
2. a	2. c	26. 8
3. b	3. d	27. 2
4. c	4. a	28. 9
5. d	5. c	29. 6
6. b	6. d	30. 5
7. a	7. d	31. 1
8. a	8. c	32. 7
9. a	9. c	33. 10
10. a	10. b	34. 11
11. a	11. b	35. 3
12. b	12. d	36. 4
13. a	13. d	37. d
14. b	14. a	38. a
15. a	15. a	39. b
16. a	16. c	40. c
	17. c	
Requirements & Regulations	18. c	Special Procedures
1. b	19. d	1. c
2. c	20. c	2. b
3. a		3. d
4. d	Proper Collection Techniques	4. a
5. c	1. d	5. a
6. d	2. a	6. c
7. c	3. d	7. d
8. c	4. d	8. a
9. d	5. b	9. b
10. b	6. b	10. c
11. a	7. a	11. d
12. c	8. c	
13. c	9. c	
14. d	10. c	
	11. b	
Knowledge of Blood & Components	12. d	
1. b	13. c	
2. d	14. 6	
3. a	15. 5	
4. d	16. 1	
5. b	17. 4	
6. d	18. 2	
7. c	19. 3	
8. a	20. a	
9. c	21. c	
10. a	22. c	
11. b	23. c	
	24. a	

- Self-Assessment

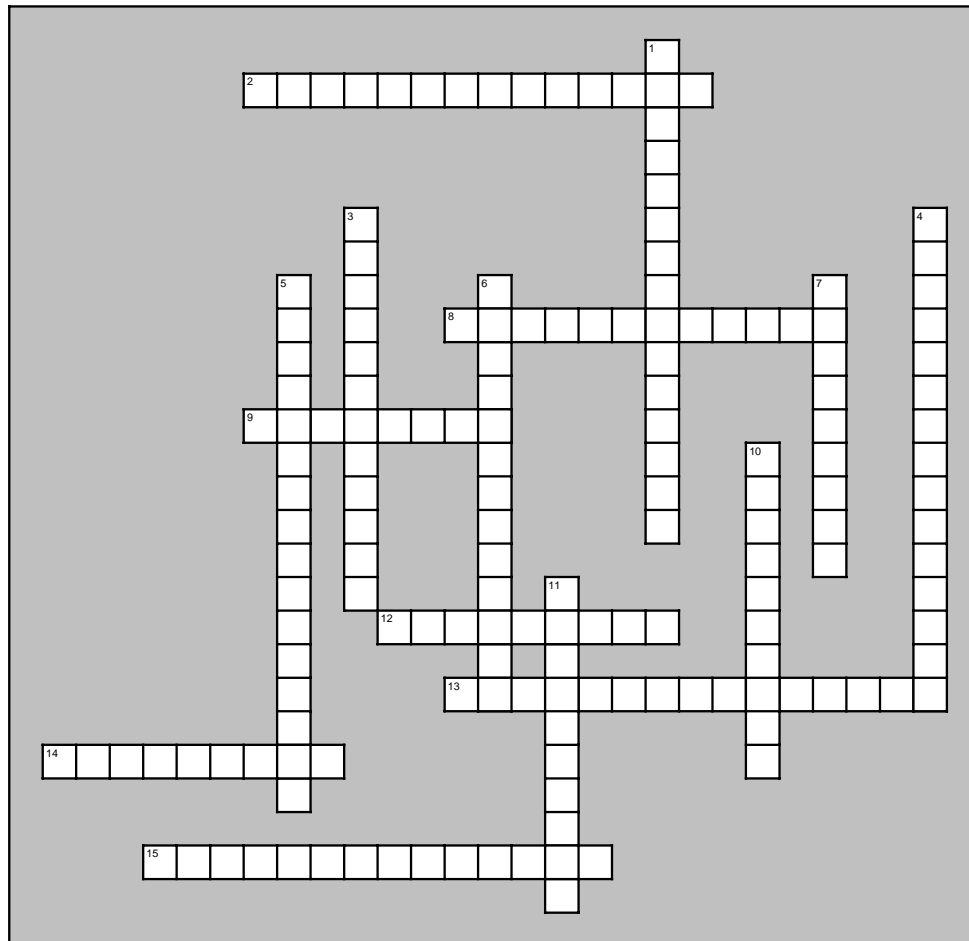
If you had difficulty with any of the practice test sections, you can refer to the AABB Training Manual 2005 (see chapters below) for a refresher or use any textbook of your own choosing!

Exam Sections	Refer to these chapters of the 2005 AABB Donor Services Training Manual: <i>“Everything You Need to Know to Process Donors”</i>
Understanding the Role	Chapter 1 Orientation to Facility & Blood Banking
Requirements and Regulations	Chapter 2 Regulatory Agencies & Requirements
Knowledge of Blood and Blood Components	Chapter 3 Overview of Blood & Blood Components
Understanding Principles of Donor Selection	Chapter 4 Donor Selection
Proper Collection Techniques	Chapter 5 Collection of Blood from the Donor
Special Procedures	Chapter 6 Special Procedures

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Name _____

Crossword



Across

2. mechanical separation of blood components
8. disease with abnormal increase in all cell production
9. raised area at the venipuncture site caused by blood leakage under the skin
12. vessel through which only a single layer of blood cells may pass to and from the tissue
13. bloodborne virus of particular danger to infants and the immunocompromised
14. separation of donor blood into components, where some are removed and the rest returned to the donor
15. collection of donor plasma, and reinfusion of red cells to the donor

Down

1. maintenance of information collected with complete privacy
3. blood, body tissue, or fluids that are dangerous or infectious to humans
4. disorder of excess iron treated by therapeutic phlebotomy
5. collection of whole blood, with return of red cells and platelet-poor plasma to the donor
6. type of testing that insures that blood components will not cause major antigen-antibody reactions in a recipient
7. the ability to feel and locate a vein by touch
10. refers to donation of blood for one's own use, usually in elective surgery
11. refers to blood collected from one person for transfusion into another

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- Key to Crossword Answers

1. confidentiality
2. centrifugation
3. biohazardous
4. hemachromatosis
5. plateletpheresis
6. compatibility
7. palpation
8. polycythemia
9. hematoma
10. autologous
11. allogeneic
12. capillary
13. cytomegalovirus
14. apheresis
15. plasmapheresis

- Taking the Exam

Requirements:

Provide documentation of meeting the minimum education requirement (High School diploma or equivalent)

and

Provide documentation of at least 6 months of acceptable experience within the past year as a donor phlebotomist

and

Provide documentation of having completed at least 80 successful donor collections under the supervision of an RN, CLS, MD or other recognized health care professional.

While these represent the minimum requirements for challenging the Donor Phlebotomy exam, applicants are encouraged to have completed an acceptable donor phlebotomy training program within an AABB, JCAHO, or CAP accredited facility. In addition, the AABB Donor Services Training manual is highly recommended as a reference.

The DP examination will be offered online at approved NCCT proctoring sites in all 50 states. Or, if arranged in advance, your blood collection facility can seek approval as a testing site for its own trainees. If your facility is approved as a testing site, NCCT will provide training materials for the nominated proctor from your facility. When your proctor has read the materials, signed the proctor affidavit, and passed the brief open-book proctor examination, testing can begin.

There will be 128 questions on this examination, and candidates will have 2.5 hours to complete it, although most do not require that length of time.

Go to www.ncctinc.com and select

DONOR PHLEBOTOMY

for all the details!