

# American Medical Certification Association (AMCA) Phlebotomy Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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**SAMPLE**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

- 1. What does documenting patient information after a blood draw help to ensure?**
  - A. A compliant medical record**
  - B. Accuracy of test results**
  - C. Efficient blood collection processes**
  - D. Increased patient satisfaction**
- 2. What is the first step in proper hand washing techniques?**
  - A. Scrub hands vigorously for 20 seconds**
  - B. Wet hands under running water**
  - C. Dry hands with a paper towel**
  - D. Apply antibacterial lotion**
- 3. What tube would produce a serum sample?**
  - A. Green Top**
  - B. Light Blue**
  - C. Purple Top**
  - D. Red Top**
- 4. When drawing a Hemoglobin A1C (HA1C) and a PT/PTT test, what is the correct order of draw?**
  - A. Lavender Top then Light Blue Top**
  - B. Light Blue Top then Red Top**
  - C. Light Blue Top then Lavender Top**
  - D. Red Top then Gold Top**
- 5. For how long should blood be allowed to clot in a Standard Serum Separator Tube (SST)?**
  - A. At least 15 minutes**
  - B. At least 30 minutes but no longer than 2 hours**
  - C. At least 1 hour**
  - D. At least 2 hours but no longer than 4 hours**

- 6. Why should anticoagulant tubes be filled to the indicated line?**
- A. To reduce air exposure**
  - B. To maintain the correct blood-to-anticoagulant ratio**
  - C. To ensure proper labeling**
  - D. To control the temperature**
- 7. What information should be placed on the specimen tube?**
- A. Only the patient's name and date of birth**
  - B. Patient's complete name, date of birth, identification number, date and time of draw, and the collector's initials**
  - C. The date of the test and type of specimen**
  - D. The patient's medical record number**
- 8. How is capillary blood typically collected from infants?**
- A. By using a venipuncture**
  - B. By using a heel stick**
  - C. By using a finger stick**
  - D. By using a nasal swab**
- 9. What is the primary role of labeling patient information on a specimen?**
- A. To provide a backup for electronic records**
  - B. To ensure the right patient data correlates to the specimen collected**
  - C. To indicate the test to be performed**
  - D. To maintain laboratory records**
- 10. What is the appropriate angle for needle insertion?**
- A. 10-15 degrees**
  - B. 15-30 degrees**
  - C. 30-45 degrees**
  - D. 45-60 degrees**



## **Answers**

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1. B
2. B
3. D
4. C
5. B
6. B
7. B
8. B
9. B
10. B

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## **Explanations**

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**1. What does documenting patient information after a blood draw help to ensure?**

- A. A compliant medical record**
- B. Accuracy of test results**
- C. Efficient blood collection processes**
- D. Increased patient satisfaction**

Documenting patient information after a blood draw plays a crucial role in ensuring the accuracy of test results. This practice includes recording essential details such as the patient's demographic information, the time of the draw, the type of specimen collected, and any specific instructions related to the test, which are all vital for the proper identification and processing of blood samples. Accurate documentation reduces the risk of mix-ups and errors that could lead to inappropriate treatment or diagnosis. For instance, if a sample is misidentified or if pertinent information about patient preparation is omitted, it might lead to the wrong conclusions being drawn from the test results. By maintaining clear and precise documentation, phlebotomists contribute to the integrity of the laboratory results, which is essential for effective patient care. While the other options, such as ensuring a compliant medical record, efficient blood collection processes, and increased patient satisfaction, are important aspects of patient care and management, the primary focus of thorough documentation in the context of a blood draw is the accuracy of the resulting laboratory tests.

**2. What is the first step in proper hand washing techniques?**

- A. Scrub hands vigorously for 20 seconds**
- B. Wet hands under running water**
- C. Dry hands with a paper towel**
- D. Apply antibacterial lotion**

The first step in proper hand washing techniques is to wet hands under running water. This step is essential because it prepares the hands for effective cleaning by ensuring that the soap can lather properly and remove dirt and microorganisms. Wetting the hands first helps to loosen any debris or pathogens present on the skin surface, thereby enhancing the effectiveness of the subsequent steps in the handwashing process. Wetting the hands also helps to remove any residual dirt and allows for an even application of soap, which is crucial for achieving optimal hygiene. Starting with dry hands would not facilitate a proper wash, and applying soap without adequate moisture can reduce the efficacy of the cleaning process. Consequently, starting with wet hands sets the foundation for a thorough and effective handwashing practice.

### 3. What tube would produce a serum sample?

- A. Green Top
- B. Light Blue
- C. Purple Top
- D. Red Top**

The red top tube is designed specifically to obtain a serum sample. This tube contains no additives, allowing the blood to clot and facilitating the separation of serum from the clot when centrifuged. Serum is the liquid portion of the blood that remains after clotting has occurred, making the red top tube ideal for various tests requiring serum analysis. In contrast, the other tubes mentioned contain additives that either prevent clotting or alter the properties of the blood for different types of tests. For example, the green top tube typically has heparin as an additive and is used for tests that require plasma rather than serum. The light blue top tube contains sodium citrate, which is another anticoagulant; therefore, it is primarily used for coagulation studies that necessitate plasma. The purple top tube, often containing EDTA, is utilized for hematology tests requiring whole blood, so it cannot produce serum either. Understanding the specific purpose and function of each tube type is crucial in phlebotomy, as it ensures the proper collection and processing of blood samples for accurate laboratory results.

### 4. When drawing a Hemoglobin A1C (HA1C) and a PT/PTT test, what is the correct order of draw?

- A. Lavender Top then Light Blue Top
- B. Light Blue Top then Red Top
- C. Light Blue Top then Lavender Top**
- D. Red Top then Gold Top

The correct order of draw when handling blood tests such as Hemoglobin A1C (HA1C) and PT/PTT tests is essential for ensuring accurate test results. For the PT/PTT test, which assesses blood clotting, the appropriate collection tube is typically a light blue top tube that contains sodium citrate as an anticoagulant. This tube must be filled to the appropriate level to maintain the correct blood-to-anticoagulant ratio. On the other hand, the Hemoglobin A1C test is drawn in a lavender top tube, which contains EDTA as an anticoagulant. This tube is used for hematology tests and does not interfere with the chemistry of the A1C assay. In the correct sequence, the light blue top tube, used first, is critical to ensure that any coagulation factors are not affected by the presence of other additives that might alter the testing results. Following this with the lavender top tube maintains the integrity necessary for the A1C results, as it avoids any cross-contamination of the blood samples from differing additives. This specific order helps prevent potential test errors that could arise from additive carryover from one tube type to another, making it crucial for phlebotomists to follow established guidelines to guarantee

**5. For how long should blood be allowed to clot in a Standard Serum Separator Tube (SST)?**

- A. At least 15 minutes**
- B. At least 30 minutes but no longer than 2 hours**
- C. At least 1 hour**
- D. At least 2 hours but no longer than 4 hours**

For a Standard Serum Separator Tube (SST), allowing blood to clot for at least 30 minutes but no longer than 2 hours is essential for optimal results. When blood is collected in an SST, it contains a gel that facilitates the separation of serum from the cellular components upon centrifugation. The 30-minute clotting time is important because it ensures that the blood has sufficiently clotted, allowing for the separation of serum without the risk of hemolysis or other complications that can arise from prolonged clotting. If clotting is less than 30 minutes, the sample may not be fully clotted, which could lead to inaccurate test results due to the presence of fibrinogen or other clotting factors. On the other hand, allowing the sample to clot for longer than 2 hours can risk degradation of some components due to prolonged exposure to an activated clotting process. The specified range balances the need for proper clot formation while also maintaining sample integrity for accurate laboratory analysis. Thus, the specified timeframe ensures the efficacy of the SST as a diagnostic tool in phlebotomy practices.

**6. Why should anticoagulant tubes be filled to the indicated line?**

- A. To reduce air exposure**
- B. To maintain the correct blood-to-anticoagulant ratio**
- C. To ensure proper labeling**
- D. To control the temperature**

Filling anticoagulant tubes to the indicated line is crucial in maintaining the correct blood-to-anticoagulant ratio. Each type of anticoagulant tube contains a specific volume of anticoagulant that is designed to effectively prevent blood coagulation when mixed with a corresponding volume of blood. If the tube is underfilled or overfilled, the balance between the blood and the anticoagulant will be disrupted. This imbalance can lead to inaccurate test results, as the effectiveness of the anticoagulant may be compromised, resulting in either inadequate prevention of clotting or excessive dilution of the sample. Maintaining the proper blood-to-anticoagulant ratio ensures that laboratory tests conducted on the blood sample yield reliable and accurate outcomes, which is essential for diagnosing and monitoring medical conditions.

**7. What information should be placed on the specimen tube?**

- A. Only the patient's name and date of birth
- B. Patient's complete name, date of birth, identification number, date and time of draw, and the collector's initials**
- C. The date of the test and type of specimen
- D. The patient's medical record number

The appropriate information to place on the specimen tube includes the patient's complete name, date of birth, identification number, date and time of the draw, and the collector's initials. This level of detail is crucial for several reasons. First, including the patient's full name and date of birth ensures that the specimen can be accurately matched to the corresponding patient, which is vital in preventing medical errors or misidentifications. The identification number aids in the administrative aspects of patient records and tracking specimens through the laboratory process. Secondly, documenting the date and time of the draw provides context for the specimen's viability and relevance to the patient's current medical condition or treatment. Certain tests may have parameters regarding how long a specimen can remain stable before analysis, so timestamping the specimen is essential for accurate results. Lastly, the collector's initials add a layer of accountability and traceability; in case any issues arise with the specimen or the test results, knowing who collected the sample can be critical. While the other options mention some relevant information, they do not encompass the full range of data required to maintain good clinical practice and ensure patient safety.

**8. How is capillary blood typically collected from infants?**

- A. By using a venipuncture
- B. By using a heel stick**
- C. By using a finger stick
- D. By using a nasal swab

Capillary blood is typically collected from infants using a heel stick because infants have smaller veins that are not suitable for traditional venipuncture. The heel stick method involves making a small incision on the heel of the infant's foot to obtain a small blood sample. This technique is preferred due to its ease of access and the minimal amount of discomfort it causes to the baby. Additionally, using a heel stick allows for effective blood collection while minimizing the risk of complications that can arise from accessing deeper veins, which are difficult to locate and involve higher risks of injury. Other methods of blood collection, such as venipuncture, are generally reserved for older children and adults, and finger sticks are mainly utilized for older children who can tolerate a slightly more invasive procedure without the risk factors associated with younger infants. Nasal swabs, on the other hand, are used to collect respiratory specimens and are not applicable for collecting blood samples.

**9. What is the primary role of labeling patient information on a specimen?**

**A. To provide a backup for electronic records**

**B. To ensure the right patient data correlates to the specimen collected**

**C. To indicate the test to be performed**

**D. To maintain laboratory records**

The primary role of labeling patient information on a specimen is to ensure that the right patient data correlates to the specimen collected. This is crucial in phlebotomy and laboratory settings, as accurate identification of specimens prevents potential medical errors, such as misdiagnosis or inappropriate treatment. Proper labeling helps healthcare providers match the specimen with the respective patient's medical information and history, maintaining the integrity of the test results. Clear identification allows for effective tracking and communication throughout the diagnostic process. It is essential that the information on the label—such as the patient's name, identification number, and date of collection—accurately reflects the individual from whom the specimen was obtained. This practice safeguards patient safety and enhances the reliability of laboratory results, fundamentally supporting effective healthcare delivery.

**10. What is the appropriate angle for needle insertion?**

**A. 10-15 degrees**

**B. 15-30 degrees**

**C. 30-45 degrees**

**D. 45-60 degrees**

The appropriate angle for needle insertion when performing venipuncture is typically between 15 to 30 degrees. This range is optimal because it allows for sufficient penetration into the vein while minimizing the risk of puncturing through the other side of the vein. At this angle, the needle can easily enter the vein's lumen, facilitating a successful blood draw. It balances the need to access the vein effectively without causing excessive trauma to the surrounding tissues. Choosing angles outside of the 15 to 30 degrees range may complicate the procedure. For example, inserting the needle at a lower angle, like 10 to 15 degrees, might reduce visibility and make it more difficult to enter the vein. On the other hand, an angle of 30 to 45 degrees could increase the risk of the needle puncturing the vein wall or causing discomfort for the patient, as it may lead to a more aggressive insertion that isn't necessary for most venipunctures. Angles greater than 45 degrees might be more appropriate for specific scenarios, such as accessing deeper veins, but they are generally not suitable for standard blood draws in typical anatomical locations.



## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://phlebotomy-amca.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**