

CAMLPR SPECIMEN COLLECTION COMPETENCY PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

<https://camlprspecimencollection.examzify.com>



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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

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- 1. How do urine collection methods differ for urinalysis versus urine culture?**
 - A. Urinalysis requires a catheterized sample; culture uses random sample
 - B. Urinalysis may use a random clean-catch sample; culture requires a clean-catch midstream or catheterized sterile collection to minimize contamination, with proper labeling
 - C. Both use the same method
 - D. Urine culture uses a random sample only
- 2. What analyte is least beneficial when determining if a patient has had an Acute Myocardial Infarction (AMI)?**
 - A. Troponin
 - B. CK-MB
 - C. Myoglobin
 - D. Lactate dehydrogenase (LD)
- 3. Which of the following is not a part of the chain of custody protocol for legal specimens?**
 - A. Documenting collection time and date
 - B. Maintaining a chain-of-custody log
 - C. Using 70% isopropanol for all legal specimens for standardization
 - D. Secure packaging and sealing
- 4. If patient identifiers do not match the requisition, what should you do?**
 - A. Proceed with collection and resolve later
 - B. Do not collect, inform supervisor, and resolve discrepancy
 - C. Change requisition to match patient
 - D. Collect but label with patient nickname
- 5. What adjustments are commonly used in pediatric venipuncture to reduce distress?**
 - A. Use age-appropriate explanations, allow parental involvement, use smaller-gauge needles or butterfly catheters, topical anesthetic, distraction, and quick, efficient collection.
 - B. Use the largest needle to speed up.
 - C. No topical anesthetic should be used.
 - D. Restrain the child forcefully.

- 6. Which practice helps accommodate latex allergy during specimen collection?**
- A. Document allergy in chart.
 - B. Use non-latex gloves and latex-free tubes/equipment; check for latex-containing stoppers; document allergy in chart and inform the lab.
 - C. Use latex gloves to prevent irritation.
 - D. Ignore latex allergy if patient has no symptoms.
- 7. If a specimen appears to be moderately lipemic, which analytes can still be run?**
- A. Na⁺, Cl⁻, K⁺ using Direct Ion-Selective Electrodes
 - B. Na⁺, Cl⁻, K⁺ using Indirect Ion-Selective Electrodes
 - C. TP, ALB
 - D. AMY, LIP
- 8. Which statement best describes privacy considerations during specimen collection?**
- A. Share PHI with colleagues to speed up testing.
 - B. Protect patient confidentiality, follow PHI/PII rules; do not share information improperly; ensure secure labeling.
 - C. Labeling can be informal and unsecure.
 - D. Privacy only matters for sensitive tests.
- 9. Which of the following best describes proper labeling practices for specimen collection?**
- A. Label with patient name, unique identifier, date and time of collection, and collector initials.
 - B. Label is optional.
 - C. Only label after analysis completes.
 - D. Use any code, not linked to patient.
- 10. Which additive and tube type is commonly used for a complete blood count (CBC)?**
- A. Citrate (light blue) for coagulation studies
 - B. Clot activator serum tubes (gold SST) for chemistry
 - C. EDTA (purple) for CBC
 - D. Heparin (green) for plasma tests

Answers

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

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Explanations

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1. How do urine collection methods differ for urinalysis versus urine culture?

- A. Urinalysis requires a catheterized sample; culture uses random sample
- B. Urinalysis may use a random clean-catch sample; culture requires a clean-catch midstream or catheterized sterile collection to minimize contamination, with proper labeling**
- C. Both use the same method
- D. Urine culture uses a random sample only

For urinalysis, you're screening urine's chemical, microscopic, and physical properties, so a random clean-catch sample is typically enough. It's easier for patients and still provides reliable information for dipstick tests and basic sediment analysis; minor contamination usually won't derail these results. For urine culture, the goal is to identify a specific organism causing infection. Contaminants from skin or vaginal flora can lead to false positives or misidentification, so the specimen must be collected with strict cleanliness. A clean-catch midstream sample or a sterile catheterized collection minimizes contamination and yields a more accurate result. Proper labeling and prompt handling are also essential to ensure the culture reflects the true pathogen.

2. What analyte is least beneficial when determining if a patient has had an Acute Myocardial Infarction (AMI)?

- A. Troponin
- B. CK-MB
- C. Myoglobin
- D. Lactate dehydrogenase (LD)**

When assessing whether a patient has had an Acute Myocardial Infarction, we rely on biomarkers that specifically reflect heart muscle injury and behave predictably over time. Troponin is the gold standard because it is highly sensitive and specific to cardiac tissue and remains elevated for days, making it easy to detect an infarct even if the event occurred earlier. CK-MB is still useful as a myocardial marker, rising after troponin and helping in certain scenarios such as identifying reinfarction, but it is not as specific as troponin. Myoglobin rises very early after injury, which is helpful for early detection, but it lacks specificity since it is found in skeletal muscle and other tissues as well. Lactate dehydrogenase, on the other hand, is present in many tissues beyond the heart and its elevations are less specific and slower to rise and fall, making it the least useful for confirming an AMI. That's why lactate dehydrogenase is considered the least beneficial among these markers for diagnosing an acute myocardial infarction.

3. Which of the following is not a part of the chain of custody protocol for legal specimens?

- A. Documenting collection time and date
- B. Maintaining a chain-of-custody log
- C. Using 70% isopropanol for all legal specimens for standardization**
- D. Secure packaging and sealing

The chain of custody focuses on keeping an unbroken, traceable record of handling from collection to presentation in court. The elements that directly support that goal are documenting when the specimen was collected (time and date), maintaining a detailed chain-of-custody log that records every transfer or handling event, and using secure packaging and tamper-evident sealing to prevent tampering or loss. The statement about using 70% isopropanol for all legal specimens to standardize handling is not part of the chain-of-custody protocol. Cleaning or disinfecting steps are laboratory procedures that can vary by specimen type and may even affect the evidence, so they aren't a mandated component of custody.

4. If patient identifiers do not match the requisition, what should you do?

- A. Proceed with collection and resolve later
- B. Do not collect, inform supervisor, and resolve discrepancy**
- C. Change requisition to match patient
- D. Collect but label with patient nickname

Accurate patient identification is non-negotiable before specimen collection. If the identifiers on the patient and the requisition do not match, you must not proceed with collection. Halt the draw, inform your supervisor, and follow the facility's process to resolve the discrepancy. Recheck the patient's identity using at least two identifiers (such as name and date of birth or medical record number), confirm details with the patient or guardian, and reconcile the requisition with the patient's chart. Only after the identifiers match should collection proceed, and label the specimen with the verified patient information. Document the discrepancy and actions taken. These steps prevent misidentification and mislabeling that could harm the patient.

5. What adjustments are commonly used in pediatric venipuncture to reduce distress?

- A. Use age-appropriate explanations, allow parental involvement, use smaller-gauge needles or butterfly catheters, topical anesthetic, distraction, and quick, efficient collection.**
- B. Use the largest needle to speed up.
- C. No topical anesthetic should be used.
- D. Restrain the child forcefully.

Reducing distress during pediatric venipuncture comes from combining developmentally appropriate communication, family involvement, suitable equipment, effective analgesia, distraction, and a swift, skilled technique. Use simple, honest explanations at the child's level about what will happen and what they will feel, spoken in a calm, reassuring tone. Let a parent stay nearby for comfort and support, offering gentle touch or holding the child if that helps, since a familiar presence lowers anxiety. When possible, choose smaller-gauge needles or a butterfly catheter to minimize tissue trauma and pain in small veins. Apply a topical anesthetic ahead of time to dull surface sensation and lessen the sting of entry. Employ distraction—toys, music, videos, or guided breathing—to shift attention away from the procedure. Plan and execute the draw efficiently so the needle is in and out with as little delay as possible, reducing anticipatory distress. Taken together, these steps help make the experience calmer and safer for the child. Using a larger needle would increase discomfort; skipping topical anesthetic removes a proven pain-reduction step; and forcefully restraining a child is unsafe and counterproductive, often causing more fear and harm.

6. Which practice helps accommodate latex allergy during specimen collection?

- A. Document allergy in chart.
- B. Use non-latex gloves and latex-free tubes/equipment; check for latex-containing stoppers; document allergy in chart and inform the lab.**
- C. Use latex gloves to prevent irritation.
- D. Ignore latex allergy if patient has no symptoms.

Accommodating latex allergy in specimen collection hinges on removing latex exposure from every part of the collection process. Latex proteins can trigger reactions ranging from skin irritation to anaphylaxis in sensitive individuals, so the safest approach is to use non-latex alternatives for all collection materials. This means selecting gloves made of nitrile or other latex-free materials and choosing tubes and equipment that are explicitly latex-free, and then checking collection tube stoppers and any components that come into contact with the patient for latex. Documenting the allergy in the chart ensures all care team members know to avoid latex, and informing the lab ensures the specimen is handled with latex-free materials and procedures, preventing inadvertent exposure during processing. Relying on gloves alone to prevent irritation is not appropriate when a patient has a latex allergy, because latex itself can provoke a reaction. Ignoring the allergy, even in the absence of symptoms at the moment, is unsafe because reactions can occur unpredictably. Merely documenting the allergy without using latex-free gloves and equipment or informing the lab leaves room for latex exposure to slip in at any step.

7. If a specimen appears to be moderately lipemic, which analytes can still be run?

- A. Na⁺, Cl⁻, K⁺ using Direct Ion-Selective Electrodes
- B. Na⁺, Cl⁻, K⁺ using Indirect Ion-Selective Electrodes**
- C. TP, ALB
- D. AMY, LIP

Lipemia makes specimens turbid and can throw off many tests, especially those that rely on light transmission or on assuming a clear aqueous phase. Ion-selective electrodes come in two forms: direct and indirect. In a lipemic sample, the dilution step used in indirect ISE helps minimize the impact of turbidity because the lipid-rich matrix is further diluted and the measurement depends on ion activity in the diluted aqueous portion. With moderate lipemia, the instrument's calibration for the diluted matrix allows Na, Cl, and K to be measured reliably, so these electrolytes can still be run. Tests like total protein and albumin, or enzyme assays such as amylase and lipase, are more susceptible to turbidity and matrix effects from lipids, making them less reliable in a lipemic specimen.

8. Which statement best describes privacy considerations during specimen collection?

- A. Share PHI with colleagues to speed up testing.
- B. Protect patient confidentiality, follow PHI/PII rules; do not share information improperly; ensure secure labeling.**
- C. Labeling can be informal and unsecure.
- D. Privacy only matters for sensitive tests.

Protecting patient privacy during specimen collection means handling patient information in a way that prevents access by unauthorized people. This means strictly following rules for protecting PHI and PII, sharing information only when there is a legitimate need (such as for care or processing the test), and ensuring labeling is done securely so no sensitive data is exposed or misused. Labeling plays a crucial role in privacy and patient safety. Use approved labeling systems, keep identifiers within secure systems, and avoid writing full patient details where others could see them. Secure labeling reduces the risk of misidentification and protects information from unintended disclosure. Privacy matters for every test and every step of the process, not just for especially sensitive tests. Sharing PHI with colleagues to speed up testing or relying on informal, unsecure labeling would compromise confidentiality and can lead to privacy breaches or regulatory issues. The best practice is to protect confidentiality, adhere to PHI/PII rules, and ensure labeling is secure.

9. Which of the following best describes proper labeling practices for specimen collection?

- A. Label with patient name, unique identifier, date and time of collection, and collector initials.
- B. Label is optional.**
- C. Only label after analysis completes.
- D. Use any code, not linked to patient.

Proper labeling at the moment of collection is essential for traceability and patient safety. The label should include the patient's name or a unique identifier, the date and time of collection, and the collector's initials (often supplemented by a barcode). This creates a verifiable link between the patient, the specimen, and the collection event, ensuring the right results go to the right patient and that the specimen can be tracked through transport and processing. Labels should be applied before the specimen leaves the collection site to maintain an unbroken chain of custody. Saying labeling is optional undermines safety, and labeling after analysis or using codes not linked to the patient eliminates the necessary connection between the specimen and the patient.

10. Which additive and tube type is commonly used for a complete blood count (CBC)?

- A. Citrate (light blue) for coagulation studies
- B. Clot activator serum tubes (gold SST) for chemistry
- C. EDTA (purple) for CBC
- D. Heparin (green) for plasma tests

For a complete blood count, you need blood that stays liquid and keeps the cells intact without clumping or changing size. An EDTA-containing additive does exactly that by binding calcium, which stops the clotting process and preserves cell morphology. That makes EDTA in a purple (lavender) top tube the standard choice for CBC specimens. With this additive, red blood cells, white blood cells, and platelets remain in their natural state long enough for accurate counting and analysis. Other tubes are designed for different purposes. Citrate (light blue) is used for coagulation studies because it also chelates calcium but in a way that's useful for measuring clotting times, not for preserving the cells for a CBC. Clot activator serum tubes (gold SST) are meant to let blood clot and then provide serum for chemistry or serology tests, which removes the cells from the mix and isn't suitable for CBC. Heparin (green) yields plasma for certain chemistry tests, but it can affect some cell measurements and isn't the preferred medium for standard CBC analysis.

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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.

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

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

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