

Certified Procurement Transplant Coordinator (CPTC) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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. What does the presence of IgM anti-HBc indicate in a hepatitis B infection?**
 - A. Chronic infection**
 - B. Acute infection**
 - C. Immune due to vaccination**
 - D. No infection**

- 2. A patient exhibiting heart rate of 110 bpm and decreased urine output may indicate what condition?**
 - A. Optimal hydration status**
 - B. Potential organ failure**
 - C. Severe dehydration**
 - D. Effective organ function**

- 3. Why is the tracking of coordinator activities essential within organ donation programs?**
 - A. To comply with state regulations**
 - B. To improve future educational strategies**
 - C. To monitor donor registry compliance**
 - D. To analyze hospital funding**

- 4. What does a negative Anti-HBs test indicate?**
 - A. Infection status is unknown**
 - B. The person is immune**
 - C. The person has never been vaccinated or infected**
 - D. The person is chronically infected**

- 5. A donation coordinator has completed organ assessment and finds hypertension in a donor. This could be caused by:**
 - A. Fluid overload**
 - B. Electrolyte imbalance**
 - C. Medication response**
 - D. All of the above**

- 6. What condition is characterized by a drop in blood pressure and rapid heart rate during donor transport?**
- A. Pre-Existing Hypertension**
 - B. Fluid Overload**
 - C. Hypovolemia**
 - D. Vasodilation**
- 7. A 28-week-old infant who is declared brain dead is classified as?**
- A. Eligible**
 - B. Neither**
 - C. Imminent**
 - D. Palliative care**
- 8. What common methodology can be used to improve education regarding organ donation in hospitals?**
- A. Regular donation drives and events**
 - B. Collaborative assessments with other departments**
 - C. Training ICU staff on regulations and procedures**
 - D. Conducting routine evaluations of organ recovery**
- 9. According to JCAHO standards, what must be included in a donor's hospital chart in addition to brain death and consent documentation?**
- A. Operative note**
 - B. Post-operative care plan**
 - C. Patient's medical history**
 - D. Consent for organ donation**
- 10. Which legislation was enacted to improve organ and tissue allocation for transplants?**
- A. The National Organ Transplant Act (NOTA)**
 - B. The Uniform Anatomical Gift Act (UAGA)**
 - C. The Omnibus Reconciliation Act**
 - D. The End Stage Renal Disease Act**

Answers

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

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Explanations

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1. What does the presence of IgM anti-HBc indicate in a hepatitis B infection?

- A. Chronic infection**
- B. Acute infection**
- C. Immune due to vaccination**
- D. No infection**

The presence of IgM anti-HBc (Immunoglobulin M antibodies to hepatitis B core antigen) is indicative of an acute hepatitis B infection. This antibody appears during the early stages of infection, typically within a few weeks after exposure to the virus, indicating that the body is mounting an initial immune response to the hepatitis B virus. Since IgM anti-HBc is associated with the recent, active phase of hepatitis B infection, it signifies that the individual is likely experiencing the acute form of the disease. At this stage, the virus is actively replicating, and the immune response is beginning to develop. In contrast, chronic infection would instead demonstrate the presence of IgG anti-HBc and possibly other serological markers such as HBsAg (Hepatitis B surface antigen) persisting for more than six months. The immune response due to vaccination would typically lead to the presence of anti-HBs (Hepatitis B surface antibodies) with no anti-HBc present. The lack of infection would also show a negative anti-HBc along with other negative markers. Thus, the indication of IgM anti-HBc is a clear marker for acute hepatitis B infection.

2. A patient exhibiting heart rate of 110 bpm and decreased urine output may indicate what condition?

- A. Optimal hydration status**
- B. Potential organ failure**
- C. Severe dehydration**
- D. Effective organ function**

A heart rate of 110 beats per minute, also known as tachycardia, combined with decreased urine output, can be indicative of several underlying issues. In this context, the combination of these symptoms suggests that the patient's body may be experiencing significant stress or may not be receiving adequate blood flow to maintain normal organ function, which raises the concern for potential organ failure. When the body is undergoing stress or failing to adequately perfuse organs, it often responds with an increased heart rate as a compensatory mechanism. Simultaneously, decreased urine output can be a sign that the kidneys are not receiving enough blood flow to adequately filter and produce urine, often due to shock, severe dehydration, or other forms of acute organ dysfunction. This scenario highlights the potential risk of multiple organ failure, a serious condition that requires urgent medical attention. In contrast, optimal hydration status would typically present with a normal heart rate and adequate urine output; severe dehydration usually leads to other symptoms such as dry mouth, lethargy, or low blood pressure, and effective organ function would not correlate with elevated heart rates and decreased urine output. Therefore, identifying the situation as potential organ failure reflects an understanding of the body's compensatory responses and the significance of urinary output in assessing kidney and overall

3. Why is the tracking of coordinator activities essential within organ donation programs?

- A. To comply with state regulations**
- B. To improve future educational strategies**
- C. To monitor donor registry compliance**
- D. To analyze hospital funding**

Tracking coordinator activities within organ donation programs is essential largely because it provides valuable insights that can lead to improvements in educational strategies. By systematically collecting data on coordinators' actions, interactions with families, and the outcomes of various approaches, programs can assess what methods are effective and which need enhancement. This analysis can inform targeted training and educational initiatives, ultimately increasing the efficiency and success rates of organ donation efforts. Additionally, understanding coordinator activities helps in identifying trends and areas where additional support or resources may be required. This ongoing evaluation feeds into a cycle of continuous quality improvement, benefiting not just the organ donation program, but also the recipients and families involved in the process.

4. What does a negative Anti-HBs test indicate?

- A. Infection status is unknown**
- B. The person is immune**
- C. The person has never been vaccinated or infected**
- D. The person is chronically infected**

A negative Anti-HBs test indicates that the individual has not developed antibodies against the Hepatitis B surface antigen (HBsAg). This situation arises when a person has either never been vaccinated against Hepatitis B or has never been infected with the virus. When someone receives the Hepatitis B vaccine, the body should produce Anti-HBs, which indicates immunity. However, if the test result is negative, it reflects the absence of these protective antibodies. Thus, this finding is significant as it suggests a lack of both vaccination and prior infection, making it critical for public health strategies and vaccination programs. Other options might imply varying statuses of infection or immunity that don't accurately describe the implications of a negative Anti-HBs result.

- 5. A donation coordinator has completed organ assessment and finds hypertension in a donor. This could be caused by:**
- A. Fluid overload**
 - B. Electrolyte imbalance**
 - C. Medication response**
 - D. All of the above**

In the scenario involving a donation coordinator completing an organ assessment, finding hypertension in a donor can indeed be attributed to multiple factors. The correct answer encapsulates all potential causes of hypertension, making it the most comprehensive choice. Fluid overload can lead to hypertension as the increased volume of blood can elevate pressure in the vascular system. In the context of organ donation, where fluid management is critical, recognizing this aspect is vital for accurate assessment and management. Electrolyte imbalance is another factor that can cause hypertension. For instance, elevated levels of sodium can lead to increased fluid retention, thereby contributing to higher blood pressure. Monitoring electrolyte levels is an essential part of managing donors to ensure their suitability for organ transplantation. Medication response also plays a significant role. Some medications used during the critical care of a potential donor can cause changes in blood pressure, either raising it or lowering it, depending on how they interact with the body's systems. Understanding the history of medication administration is important for properly interpreting a donor's medical status. By selecting the comprehensive answer that includes all these potential causes—fluid overload, electrolyte imbalance, and medication response—it reflects a holistic understanding of the various physiological factors that can influence hypertension in organ donors. This nuanced view is critical for donation coordinators in their role.

- 6. What condition is characterized by a drop in blood pressure and rapid heart rate during donor transport?**
- A. Pre-Existing Hypertension**
 - B. Fluid Overload**
 - C. Hypovolemia**
 - D. Vasodilation**

The condition characterized by a drop in blood pressure and rapid heart rate during donor transport is hypovolemia. This condition occurs when there is a significant reduction in the volume of blood circulating in the body, often due to factors such as blood loss or fluid depletion. In the context of organ donation and transport, maintaining adequate blood volume is crucial for ensuring the viability of the organs. When hypovolemia is present, the body responds by increasing the heart rate as a compensatory mechanism to maintain blood flow to vital organs despite the decreased volume. Additionally, the drop in blood pressure occurs because there is not enough fluid volume to adequately fill the vascular system, which can lead to inadequate perfusion. Recognizing hypovolemia is important in the context of organ procurement and transport, as it can significantly impact the physiological state of the donor and the quality of the organs being transported for transplantation.

7. A 28-week-old infant who is declared brain dead is classified as?

- A. Eligible**
- B. Neither**
- C. Imminent**
- D. Palliative care**

In the context of organ donation and transplantation, a 28-week-old infant who is declared brain dead is categorized as "neither" eligible nor in an imminent state for donation. This classification primarily derives from the criteria used to determine eligibility for organ donation, which typically do not include fetuses or very premature infants, particularly when they are classified as being in the gestational stage rather than fully developed infants capable of sustaining life outside the womb. Brain death, for organs to be viable for transplantation, generally refers to individuals who have completed the gestational period and are considered full-term infants or older. For a 28-week-old infant, even if declared brain dead, the criteria for organ donation generally do not apply, as the infant has not reached the developmental milestones necessary for stabilization and organ viability outside of the womb. The classification reinforces the importance of understanding developmental stages in relation to organ procurement protocols, and this situation underlines the ethical considerations surrounding organ donation from infants who are not yet at a stage where their organs would function properly outside of a controlled medical environment. Thus, "neither" accurately reflects the status of the infant in the context of transplant eligibility.

8. What common methodology can be used to improve education regarding organ donation in hospitals?

- A. Regular donation drives and events**
- B. Collaborative assessments with other departments**
- C. Training ICU staff on regulations and procedures**
- D. Conducting routine evaluations of organ recovery**

Training ICU staff on regulations and procedures is a key methodology for enhancing education about organ donation in hospitals. This approach ensures that healthcare professionals, who are often at the frontline of patient care, are knowledgeable about the legal and ethical frameworks surrounding organ donation. By offering comprehensive training, staff can gain a deeper understanding of the processes involved, the importance of timely identification of potential donors, and how to approach families sensitively and effectively regarding organ donation. Empowering ICU staff with robust knowledge directly impacts their ability to educate patients and families about organ donation options. This training also enables them to provide accurate information and guidance, fostering an environment where organ donation is perceived positively and as a critical aspect of patient care. While regular donation drives, collaborative assessments, and evaluations of organ recovery are beneficial initiatives, they do not directly focus on the educational component as fundamentally as training hospital staff does. Therefore, this training acts as a foundational method to ensure that organ donation education is imbued throughout the healthcare system, quality and efficacy are increased, and ultimately, it supports higher rates of successful organ donation.

9. According to JCAHO standards, what must be included in a donor's hospital chart in addition to brain death and consent documentation?

- A. Operative note**
- B. Post-operative care plan**
- C. Patient's medical history**
- D. Consent for organ donation**

The correct answer emphasizes the importance of documenting the operative note in a donor's hospital chart. An operative note is a critical component in the process of organ donation as it provides detailed information about the surgical procedure performed. This documentation helps ensure transparency, accountability, and continuity of care, which are vital for both the donor's medical team and the organ procurement team. The operative note outlines the specifics of the surgery, including the techniques used, any complications encountered, and the outcomes of the procedure. This information is crucial for assessing the viability of the organs for transplantation and can influence decisions regarding donor management and the timing of the organ recovery. While the other options relate to important aspects of patient care and documentation, they do not specifically address the surgical procedure that is key to the organ donation process. The inclusion of a consent for organ donation is implied by the standard process but is not what is being specifically asked for in addition to brain death documentation. Patient history and post-operative care plans are also essential, but they do not replace the necessity of having a detailed operative note in the context of organ procurement and transplantation.

10. Which legislation was enacted to improve organ and tissue allocation for transplants?

- A. The National Organ Transplant Act (NOTA)**
- B. The Uniform Anatomical Gift Act (UAGA)**
- C. The Omnibus Reconciliation Act**
- D. The End Stage Renal Disease Act**

The legislation that was specifically enacted to improve organ and tissue allocation for transplants is The National Organ Transplant Act (NOTA). NOTA was introduced in 1984 and established a national network for organ allocation to ensure that organs are distributed fairly and equitably across the nation, improving the efficiency of organ transplantation and addressing the challenges associated with organ scarcity. While the Uniform Anatomical Gift Act (UAGA) focuses on the legal aspects of organ donation, such as allowing individuals to donate their organs and facilitating the process, it does not primarily address the allocation process itself. The other acts mentioned, including the Omnibus Reconciliation Act and the End Stage Renal Disease Act, have different focuses and do not directly relate to the specific improvement of organ and tissue allocation. The Omnibus Reconciliation Act addresses a variety of health care finance issues, while the End Stage Renal Disease Act primarily relates to coverage for patients with kidney failure. Thus, NOTA stands out as the pivotal legislation dedicated to enhancing organ and tissue allocation in transplantation contexts.

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:

<https://procurementtransplantcoord.examzify.com>

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

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