CMID Practice Test (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

1. Which statement best describes p16 expression in HPV-driven cervical lesions?

A. It is not linked to HPV status

B. It is sometimes overexpressed, but not linked to HPV status

C. It is overexpressed due to HPV E6/E7

D. It is only found in endometrial tissue

2. What is the maximum number of slides a cytologist can screen in a 24-hour period?

A. 80

B. 100

C. 120

D. 140

3. ROSE stands for

A. Rapid On-Site Evaluation

B. Rapid On-Site Examination

C. Rapid On-Site Estimation

D. Rapid On-Site Experience

4. Which genetic mutations are commonly observed in ovarian cancers?

A. BRCA1/BRCA2

B. MLH1 or MSH2

C. TP53

D. All of the Above

5. Which marker is NOT in the embryonal carcinoma panel?

A. Synaptophysin

B. Keratin

C. SOX2

D. CD30

6. A technical supervisor is responsible for which of the following?

A. Confirms non-negative GYN samples

B. Reviews all Non-GYN preparations

C. Responsible for all tests/procedures in each of the laboratory disciplines, general laboratory & QC

D. All of the Above

7. KRAS mutations are more likely found in all of the following except...

A. Adenocarcinomas

B. Smokers

C. NSCLC

D. Caucasians

8. Which marker is NOT in the IHC panel for primary papillary thyroid carcinoma (PTC)?

A. Thyroid Transcription Factor-1

B. Cytokeratin 19

C. HBME-1

D. Calcitonin

9. What treatment options are available for someone with an ER + breast cancer?

A. Tamoxifen

B. Aromatase inhibitors

C. Chemotherapy

D. Tamoxifen, aromatase inhibitors

10. Static telepathology is defined as

A. Real-time video and robotic control

B. Stores images that are forwarded, most published

C. Whole slide imaging with z-stacking

D. Telepresence with live discussion

Answers

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

Explanations

1. Which statement best describes p16 expression in HPV-driven cervical lesions?

A. It is not linked to HPV status

B. It is sometimes overexpressed, but not linked to HPV status

C. It is overexpressed due to HPV E6/E7

D. It is only found in endometrial tissue

p16 overexpression in HPV-driven cervical lesions occurs because HPV oncoproteins disrupt the RB pathway. p16INK4a normally inhibits CDK4/6 to prevent phosphorylation of RB, keeping the cell from advancing in the cycle. When HPV E7 inactivates RB, the cell's attempt to restore control leads to increased p16 production, so p16 accumulates. This pattern—strong p16 expression—is a hallmark of HPV-positive CIN and cervical cancer, making p16 a useful surrogate marker for HPV-driven disease. While HPV E6 supports oncogenesis by degrading p53, the link to p16 upregulation is driven primarily by E7's effect on RB.

2. What is the maximum number of slides a cytologist can screen in a 24-hour period?

A. 80

B. 100

C. 120

D. 140

The main idea here is balancing workload with diagnostic accuracy. A cytologist must maintain sharp attention while reviewing slides, and fatigue can cause missed abnormalities or errors. Because of this, labs typically cap daily screening at about 100 slides in a 24-hour period to protect quality while still allowing productive throughput. That makes 100 slides the maximum. Trying to push beyond this—like 120 or 140—tades into increased fatigue and higher error risk, while screening fewer slides (around 80) wouldn't reflect the maximum capable workload within quality guidelines.

3. ROSE stands for

A. Rapid On-Site Evaluation

B. Rapid On-Site Examination

C. Rapid On-Site Estimation

D. Rapid On-Site Experience

The main idea here is real-time assessment of a specimen during collection. Rapid On-Site Evaluation means you quickly look at the material at the collection site to determine if there is enough diagnostic content and whether additional passes are needed. This immediate feedback helps ensure the sample is adequate for diagnosis, guides how much material to collect, and decides how to triage material for slides or any extra testing. That real-time check is what makes this term distinct from other phrases like examination, estimation, or experience, which don't specifically capture the purpose of assessing adequacy and content at the moment of collection.

4. Which genetic mutations are commonly observed in ovarian cancers?

A. BRCA1/BRCA2

B. MLH1 or MSH2

C. TP53

D. All of the Above

Mutations in several genes that govern DNA repair and cell-cycle control are commonly seen in ovarian cancers. BRCA1 and BRCA2 mutations disrupt homologous recombination, a high-fidelity DNA repair pathway, which not only raises cancer risk but also makes tumors more susceptible to PARP inhibitors. TP53 mutations are especially pervasive in high-grade serous ovarian carcinoma, reflecting loss of the p53 tumor suppressor and leading to widespread genomic instability. MLH1 and MSH2 are mismatch repair genes; defects here cause microsatellite instability and are associated with Lynch syndrome, and they can appear in ovarian tumors as well, particularly in certain histologies or familial contexts. Because ovarian cancers arise across subtypes that can involve different DNA repair defects, all of these genetic alterations are observed, making "all of the above" the best answer.

5. Which marker is NOT in the embryonal carcinoma panel?

A. Synaptophysin

B. Keratin

C. SOX2

D. CD30

Embryonal carcinoma has a distinctive immunophenotype that helps distinguish it from other germ cell tumors. The markers that are most informative for identifying embryonal carcinoma include CD30 and transcription factors like SOX2, which reflect its embryonal, epithelial-like differentiation. Markers such as synaptophysin are not central to defining this tumor type and aren't relied upon in the embryonal carcinoma panel. Keratin, while an epithelial marker, is a broad marker that isn't used to define this specific panel for embryonal carcinoma in this context. So, keratin is the marker not included in the embryonal carcinoma panel.

6. A technical supervisor is responsible for which of the following?

A. Confirms non-negative GYN samples

B. Reviews all Non-GYN preparations

C. Responsible for all tests/procedures in each of the laboratory disciplines, general laboratory & QC

D. All of the Above

The key idea is that a technical supervisor in a clinical laboratory has broad, overall responsibility for the technical operations of the lab. This role ensures that every test and procedure across all laboratory disciplines is performed correctly, that general laboratory processes are effective, and that quality control measures are in place. Because this supervision typically covers both GYN-related work (such as confirming results from GYN samples) and the review of all Non-GYN preparations, the duty set is comprehensive and includes everything listed. That's why All of the Above best captures the supervisor's responsibilities: it reflects oversight of the entire testing scope across the lab, including both GYN and Non-GYN areas and the general QC framework.

7. KRAS mutations are more likely found in all of the following except...

A. Adenocarcinomas

B. Smokers

C. NSCLC

D. Caucasians

KRAS mutations in lung cancer are most strongly tied to a specific histology and smoking history. They are commonly found in adenocarcinomas, especially in patients with a history of smoking, and they occur more often in Caucasians than in some other populations. Within non-small cell lung cancer, this pattern is most relevant to adenocarcinoma, not to the entire NSCLC category, which also includes histologies like squamous cell carcinoma where KRAS mutations are less common. Because of that broader NSCLC group, saying KRAS mutations are more likely across all NSCLC isn't as accurate as the stronger associations with adenocarcinoma, smoking, and Caucasian ethnicity. So the statement that KRAS mutations are more likely in NSCLC as a whole is the exception, while the other associations fit the established pattern.

8. Which marker is NOT in the IHC panel for primary papillary thyroid carcinoma (PTC)?

A. Thyroid Transcription Factor-1

B. Cytokeratin 19

C. HBME-1

D. Calcitonin

Immunohistochemistry for papillary thyroid carcinoma relies on markers of follicular-cell origin. Markers like Thyroid Transcription Factor-1 (TTF-1) support thyroid origin; Cytokeratin 19 (CK19) is commonly overexpressed in papillary tumors; and HBME-1 tends to be positive in malignant thyroid lesions, helping distinguish PTC from benign nodules. Calcitonin, however, is produced by parafollicular C cells and is a hallmark of medullary thyroid carcinoma, not papillary carcinoma. Its presence would point away from PTC and toward medullary carcinoma, so Calcitonin is not part of the typical IHC panel used to diagnose primary papillary thyroid carcinoma.

9. What treatment options are available for someone with an ER + breast cancer?

A. Tamoxifen

B. Aromatase inhibitors

C. Chemotherapy

D. Tamoxifen, aromatase inhibitors

ER-positive breast cancer grows in response to estrogen, so treatments that block estrogen's effects or lower its availability are central. Tamoxifen works by binding to estrogen receptors in breast tissue, preventing estrogen from stimulating tumor cells. Aromatase inhibitors reduce estrogen production by blocking the aromatase enzyme, which is especially effective in postmenopausal women where most estrogen comes from this conversion. In premenopausal women, tamoxifen is commonly used, and aromatase inhibitors are used mainly after suppressing ovarian function. Endocrine therapy with these agents is a primary approach to treat ER+ disease and is used to lower recurrence risk after surgery and to slow progression in advanced disease. Chemotherapy can be used in ER+ cases, but it targets rapidly dividing cells rather than estrogen signaling, and endocrine therapies are the key options tailored to ER positivity. So the option that includes both tamoxifen and aromatase inhibitors reflects the main treatment approaches for ER+ breast cancer.

10. Static telepathology is defined as

A. Real-time video and robotic control

B. Stores images that are forwarded, most published

C. Whole slide imaging with z-stacking

D. Telepresence with live discussion

Static telepathology relies on storing and forwarding still images for remote interpretation rather than streaming live video or controlling the slide in real time. The key idea is capture a set of still images, send them to a pathologist, and have them interpret the case later or at their convenience. That's why describing it as storing images that are forwarded, most published, best fits. In contrast, real-time video and robotic control describe dynamic telepathology where the viewer interacts with the slide live; telepresence with live discussion also implies ongoing, interactive communication, not a stored, forward-only process.

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://cmid.examzify.com

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