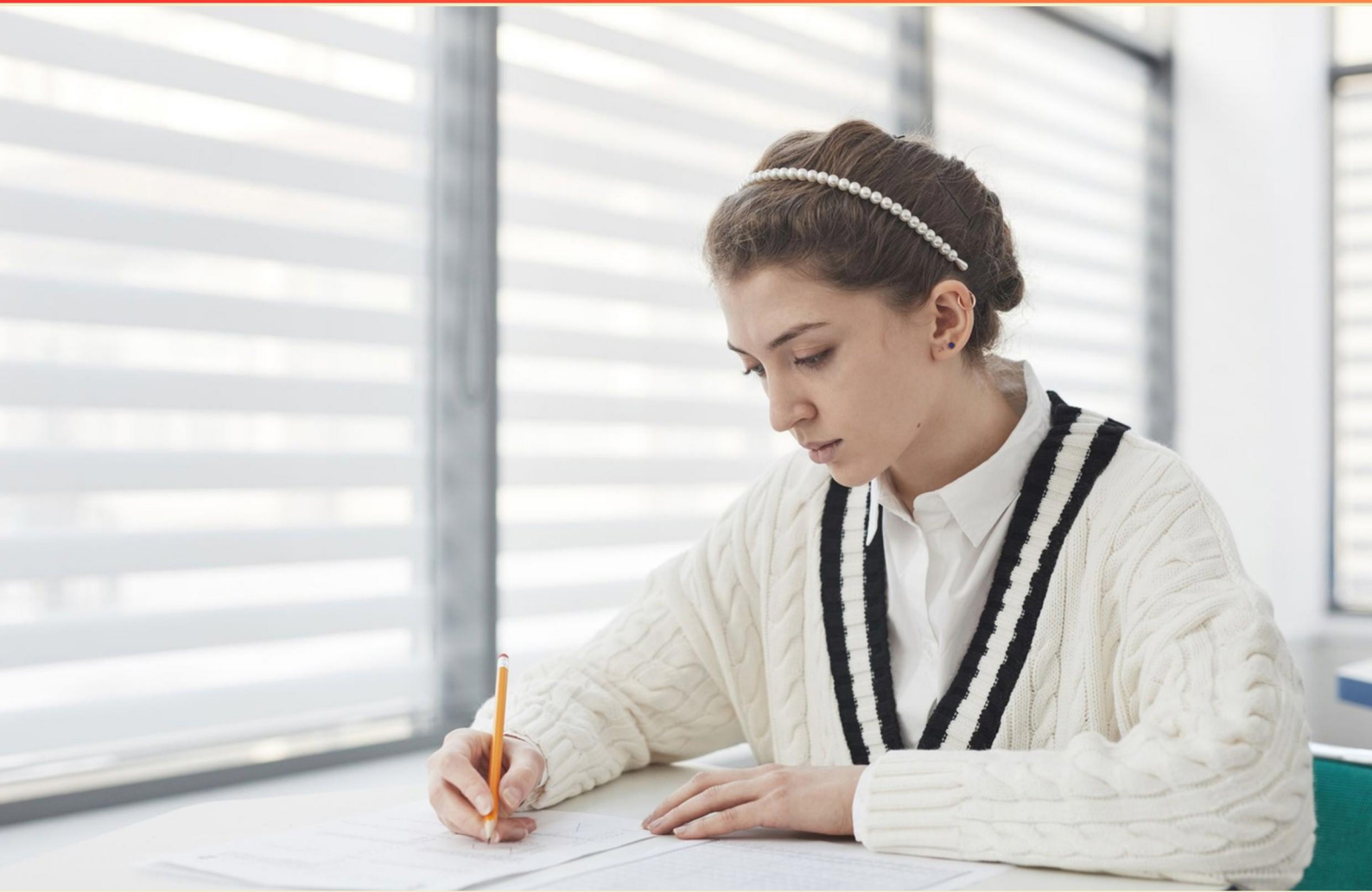


CMID PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Euploidy is defined as which?**
 - A. Too few chromosomes
 - B. Too many chromosomes
 - C. A complete set of chromosomes
 - D. Multiple mutated chromosomes
- 2. The ALK mutation in NSCLC stands for:**
 - A. Anaplastic lymphoma kinase
 - B. Anaplastic leukemia kinase
 - C. Activated lymphoid kinase
 - D. Adenosine kinase
- 3. Which markers comprise the IHC panel for primary hepatocellular carcinoma?**
 - A. AFP, HepPar1, CAM5.2, CD34, GPC3
 - B. AFP, CK7, CK20
 - C. CA19-9, CK7, CK20
 - D. Napsin A, HepPar1
- 4. Which of the following is NOT included in the IHC panel for primary ovarian carcinoma?**
 - A. BRCA1
 - B. WT1
 - C. CA-125
 - D. HER2
- 5. Which HPV genotype trio is commonly associated with endocervical adenocarcinomas?**
 - A. 16, 31, & 45
 - B. 16, 18, & 45
 - C. 18, 31, & 45
 - D. 16, 18, & 31

- 6. Which credential is required for both the lab director and the technical supervisor?**
- A. MS
 - B. BS
 - C. PhD
 - D. MD
- 7. Which option describes the CLIA aim across laboratories?**
- A. Timeliness & accuracy
 - B. Accuracy & reliability
 - C. Accuracy, reliability & timeliness
 - D. Timeliness & reliability
- 8. Licensure is granted by which authority?**
- A. A government body
 - B. A non-governmental agency
 - C. Licensure is granted by a government body
 - D. A hospital board
- 9. What is a common staging procedure for lung cancer?**
- A. PET-CT
 - B. EBUS FNA
 - C. Mediastinoscopy
 - D. Thoracentesis
- 10. All Non-gyn slides are kept for how long?**
- A. 5 Years
 - B. 7 Years
 - C. 12 Years
 - D. 10 Years

Answers

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

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Explanations

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1. Euploidy is defined as which?

- A. Too few chromosomes
- B. Too many chromosomes
- C. A complete set of chromosomes**
- D. Multiple mutated chromosomes

Euploidy means having a complete set of chromosomes, meaning the chromosome count is an exact multiple of the haploid number. In humans, that would be 46 in a typical diploid cell or, more generally, $2n$, $3n$, $4n$, and so on—whole multiples of the normal chromosome set. This contrasts with states where chromosomes are missing or extra (not a whole multiple of the haploid set), known as aneuploidy. Mutated chromosomes refer to structural changes rather than the overall count, so they aren't what euploidy describes.

2. The ALK mutation in NSCLC stands for:

- A. Anaplastic lymphoma kinase**
- B. Anaplastic leukemia kinase
- C. Activated lymphoid kinase
- D. Adenosine kinase

The main idea is the exact name behind the acronym ALK. It stands for Anaplastic lymphoma kinase, a receptor tyrosine kinase that was first described in association with anaplastic large cell lymphoma. In NSCLC, rearrangements involving this gene produce a constantly active kinase that helps drive cancer growth, which is why ALK inhibitors are an important targeted therapy. The other possible expansions don't match the established gene name—leukemia, lymphoid, or adenosine kinase refer to different proteins or contexts.

3. Which markers comprise the IHC panel for primary hepatocellular carcinoma?

- A. AFP, HepPar1, CAM5.2, CD34, GPC3**
- B. AFP, CK7, CK20
- C. CA19-9, CK7, CK20
- D. Napsin A, HepPar1

Immunohistochemical profiling for hepatocellular carcinoma relies on recognizing hepatocytic differentiation and the distinctive vascular pattern these tumors often show. HepPar1 is a classic marker of hepatocyte lineage, so its positivity points toward hepatocytic origin. Glypican-3 (GPC3) is more specific for HCC and helps distinguish it from benign liver lesions and many other tumors. Alpha-fetoprotein (AFP) staining supports hepatocellular differentiation when present, even though not all HCCs express it; its presence adds diagnostic weight. CAM5.2 detects low molecular weight cytokeratins (CK8/18), reflecting epithelial characteristics of hepatocytes and aiding separation from non-hepatocytic biliary tumors. CD34 highlights the sinusoidal capillarization pattern seen in HCC, a vascular feature that contrasts with the vascular patterns of metastases or cholangiocarcinoma. Taken together, this combination of markers builds a coherent immunoprofile for primary hepatocellular carcinoma, increasing diagnostic confidence more than any single marker alone. The other marker sets focus more on cholangiocarcinoma, pancreaticobiliary, or lung origins and are less supportive of a hepatocellular diagnosis.

4. Which of the following is NOT included in the IHC panel for primary ovarian carcinoma?

A. BRCA1

B. WT1

C. CA-125

D. HER2

In immunohistochemistry, the goal is to detect specific proteins in tissue to help classify the tumor and its origin. WT1 is a classic marker that supports serous ovarian carcinoma, and HER2 can be evaluated in some ovarian cancers for targeted therapy considerations. CA-125 is tied to ovarian cancer as a serum marker and can be detected in tissue in some settings, though its primary role is not as an IHC workhorse. BRCA1, by contrast, is a gene whose status is determined by genetic/molecular testing (sequencing, deletion/duplication analysis) rather than an immunohistochemical stain. It informs hereditary risk and PARP-inhibitor therapy, not the routine histologic panel used to identify ovarian carcinoma. So BRCA1 is not included in the IHC panel.

5. Which HPV genotype trio is commonly associated with endocervical adenocarcinomas?

A. 16, 31, & 45

B. 16, 18, & 45

C. 18, 31, & 45

D. 16, 18, & 31

Endocervical adenocarcinoma is strongly linked to high risk HPV infections, with certain genotypes more commonly found in glandular cervical cancers. HPV 18 is particularly associated with adenocarcinomas, and HPV 45 also frequently appears in glandular lesions. HPV 16 is the most common genotype in cervical cancers overall and is seen frequently as well, contributing to endocervical adenocarcinomas alongside 18 and 45. By contrast, HPV 31 is more often tied to squamous lesions than to glandular cancers. So a trio that includes 16, 18, and 45 best reflects the genotypes commonly associated with endocervical adenocarcinoma.

6. Which credential is required for both the lab director and the technical supervisor?

A. MS

B. BS

C. PhD

D. MD

The key idea here is medical oversight. In many clinical laboratory settings, both the lab director and the technical supervisor are required to have medical licensure so they can provide clinical interpretation and take responsibility for patient-related test results. An MD credential signals the authority to sign out reports, understand the clinical implications of tests, and ensure compliance with patient safety and regulatory standards. Non-medical degrees like MS, BS, or PhD demonstrate scientific or technical expertise, but they don't grant medical licensure or the authority to oversee clinical decisions and patient care aspects. Therefore, an MD is the credential that aligns with the responsibilities of both roles.

7. Which option describes the CLIA aim across laboratories?

- A. Timeliness & accuracy
- B. Accuracy & reliability
- C. Accuracy, reliability & timeliness**
- D. Timeliness & reliability

CLIA aims across laboratories center on accuracy, reliability, and timeliness of test results. Accuracy means the results truly reflect the patient's condition, avoiding false conclusions. Reliability ensures those results are consistent and reproducible across different runs, instruments, and personnel. Timeliness ensures results are reported promptly so clinicians can make timely treatment decisions. Each component matters: a result that is accurate but delayed can hinder care; a rapid result that's not accurate can mislead treatment; and a fast, consistent result that isn't accurate also endangers patients. Because the best description includes all three elements, the option that mentions accuracy, reliability, and timeliness is the most accurate representation of CLIA's aims across laboratories.

8. Licensure is granted by which authority?

- A. A government body**
- B. A non-governmental agency
- C. Licensure is granted by a government body
- D. A hospital board

Licensure is the legal permission to practice a profession, issued by a government body. This authority sets and enforces the rules for who may legally provide those services, after a person has met required education, exams, and other criteria. Because it creates binding, public-privacy protections and accountability, licensure must come from a governmental regulator (often a state or national board) rather than from a hospital or a private organization. Non-governmental agencies may grant certification, which demonstrates competence but does not authorize the legal practice of a profession. Hospitals can grant privileges to work there, but that's not licensure for the profession as a whole.

9. What is a common staging procedure for lung cancer?

- A. PET-CT
- B. EBUS FNA**
- C. Mediastinoscopy
- D. Thoracentesis

Staging lung cancer relies on confirming whether cancer has spread to the mediastinal lymph nodes, because nodal involvement changes prognosis and treatment plans. A common way to obtain tissue from those nodes is endobronchial ultrasound-guided transbronchial needle aspiration. During bronchoscopy, ultrasound guides a needle into targeted mediastinal lymph nodes to collect cells for pathology. This approach gives a direct tissue diagnosis with less invasiveness than open surgery, so it's frequently used as a first-line staging procedure. Imaging like PET-CT can show suspicious nodal activity, but it doesn't provide a tissue sample to confirm cancer. Mediastinoscopy is more invasive since it requires surgical access to the mediastinum, and thoracentesis only samples pleural fluid, not lymph nodes.

10. All Non-gyn slides are kept for how long?

- A. 5 Years
- B. 7 Years
- C. 12 Years
- D. 10 Years**

Retention duration for non-gynecologic slides is typically ten years. This span strikes a balance between being long enough to support re-review for second opinions, quality assurance, or clinical follow-up, and being practical regarding storage costs. While policies can vary by location or institution, ten years is the common benchmark in many labs. Shorter periods, like five years, may not cover all necessary retrospective reviews, and longer periods, such as twelve years, are less standard though possible in some settings.

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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:

<https://cmid.examzify.com>

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

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