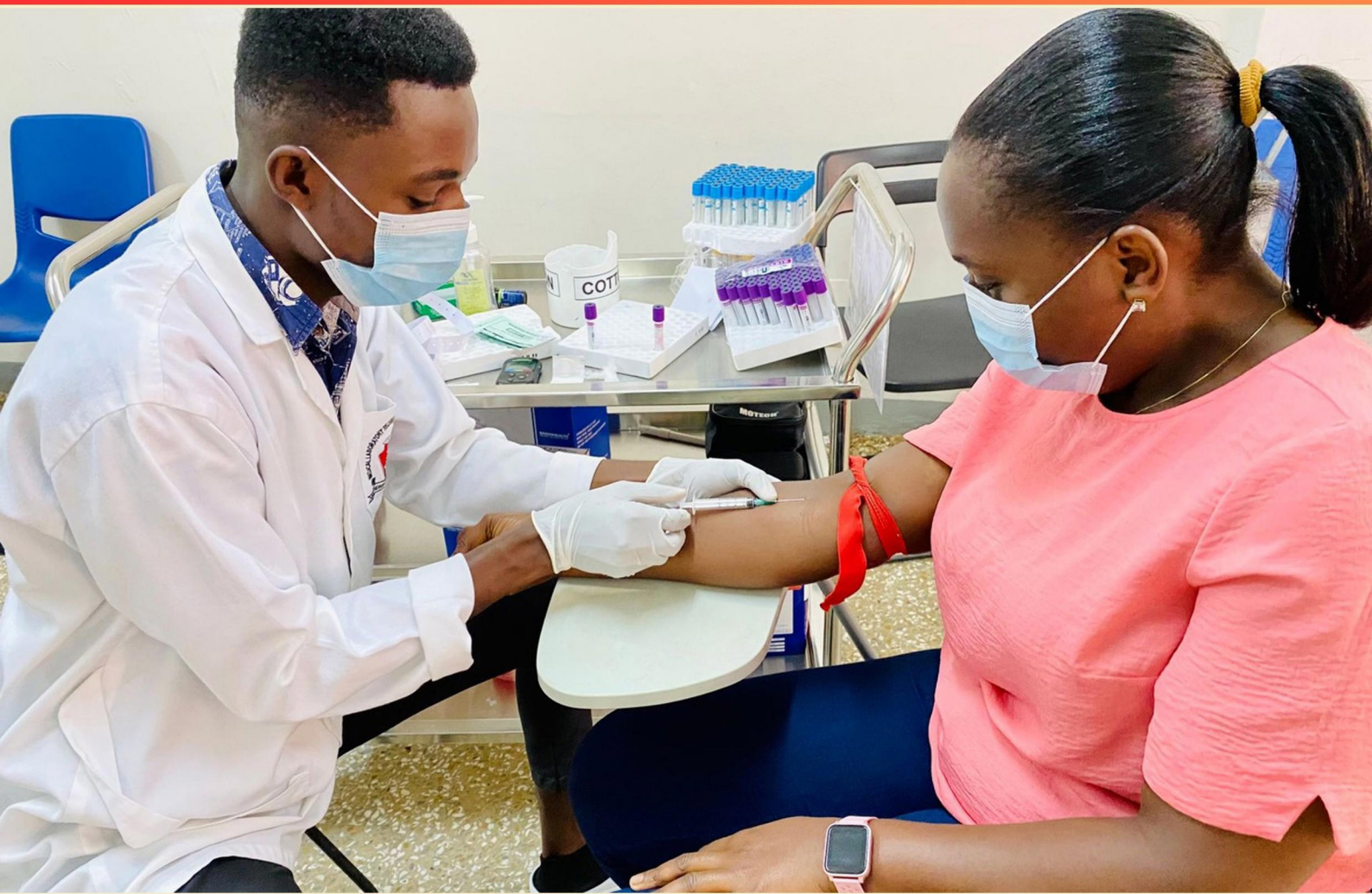


MT AAB IMMUNOHEMATOLOGY PRACTICE TEST (SAMPLE)

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. What technique is used to remove antibody bound to sensitized red blood cells?**
 - A. Adsorption
 - B. Precipitation
 - C. Neutralization
 - D. Elution
- 2. The red blood cells used for screening patients' serum for unexpected antibodies should be of what blood group?**
 - A. A
 - B. B
 - C. O
 - D. AB
- 3. Which population is particularly at risk for CMV infection?**
 - A. Immunocompromised patients
 - B. Healthy adults
 - C. Teenagers
 - D. Athletes
- 4. Which viral agent causes the majority of transfusion-associated hepatitis?**
 - A. Hepatitis B Virus
 - B. Hepatitis D Virus
 - C. Hepatitis A Virus
 - D. Hepatitis C Virus
- 5. As part of daily quality control, anti-B is tested against B cells. This procedure ensures what property of the antibody?**
 - A. Antibody specificity
 - B. Antibody titer
 - C. Isotype
 - D. Avidity

6. In an antibody screening procedure, after adding check cells, what is the most logical next step?
- A. Perform an antibody identification
 - B. Run a crossmatch
 - C. Perform a direct antiglobulin test
 - D. Repeat the screening
7. A postpartum screen on an Rhlg candidate shows anti-D with titer 8. What is the most likely explanation for this result?
- A. Postpartum transfusion effect
 - B. Antepartum administration of Rhlg
 - C. Laboratory error
 - D. Fetal alloimmunization
8. If a lab technologist has a positive tuberculin skin test but no other abnormalities, how long is the donation deferral?
- A. No deferral
 - B. 1 week
 - C. 2 weeks
 - D. No deferral as long as there is no abnormality
9. Which organism is not typically associated with transfusion-transmitted bacterial contamination?
- A. Escherichia coli
 - B. Yersinia enterocolitica
 - C. Pseudomonas putida
 - D. Citrobacter freundii
10. Which blood group system was discovered first?
- A. Rh
 - B. ABO
 - C. MNS
 - D. Kell

Answers

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

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Explanations

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1. What technique is used to remove antibody bound to sensitized red blood cells?

- A. Adsorption
- B. Precipitation
- C. Neutralization
- D. Elution**

Elution is the technique used to remove antibody bound to sensitized red blood cells. When red cells are coated with IgG in vivo, a direct antiglobulin test (DAT) can be positive. To identify which antibody is bound, the bound IgG is released from the cell surface into solution by an elution procedure (commonly acid treatment, which lowers the pH to disrupt antigen–antibody interactions). The eluate containing the released antibody is then tested against a panel of red cells to determine its specificity. This process helps distinguish the antibody causing the coating and is particularly useful for identifying alloantibodies when an autoantibody or mixed-field reactivity is present. Adsorption, precipitation, and neutralization involve different mechanisms or aims and do not detach bound antibody from the red cell surface.

2. The red blood cells used for screening patients' serum for unexpected antibodies should be of what blood group?

- A. A
- B. B
- C. O**
- D. AB

Screening for unexpected antibodies uses red blood cells that won't express A or B antigens, so any anti-A or anti-B antibodies in the patient's serum won't cause reactivity. Group O cells have no A or B antigens but still present a wide array of other clinically significant antigens (Rh, Kell, Duffy, Kidd, MNS, etc.), making them ideal for revealing antibodies against these non-ABO antigens. If cells expressing A or B were used, ABO antibodies in the serum could react with those antigens and complicate interpretation or create false-positive results, masking or confounding detection of antibodies to other antigens. Hence, the best choice is the cell group that lacks A and B antigens.

3. Which population is particularly at risk for CMV infection?

- A. Immunocompromised patients**
- B. Healthy adults
- C. Teenagers
- D. Athletes

CMV infection and its consequences are most likely to become clinically significant when the immune system is weakened. In healthy individuals, CMV is often acquired but kept in check, typically causing no or only mild symptoms. When immunity is compromised—such as in organ transplant patients on immunosuppressants, people with advanced HIV/AIDS, or those receiving chemotherapy—the virus can reactivate or spread more readily, leading to serious diseases like retinitis, pneumonitis, colitis, esophagitis, hepatitis, or encephalitis. This is why immunocompromised patients are the population particularly at risk for CMV infection and its complications, whereas healthy adults, teenagers, or athletes do not have the same elevated risk for severe CMV disease.

4. Which viral agent causes the majority of transfusion-associated hepatitis?

- A. Hepatitis B Virus
- B. Hepatitis D Virus
- C. Hepatitis A Virus
- D. Hepatitis C Virus**

Transfusion-associated hepatitis is driven by viruses that can be transmitted through blood products. Hepatitis C virus is the primary agent here because it is efficiently transmitted via blood and, historically, accounted for most cases before donor screening and nucleic acid testing reduced the risk. Unlike Hepatitis A, which is mainly spread fecal-orally and not via blood, or Hepatitis D, which requires hepatitis B coinfection and is less common in transfusion cases, Hepatitis B is now largely controlled by vaccines and routine screening. The lack of a vaccine for hepatitis C and its tendency to cause silent, chronic infection also contributed to its prominence as the cause of transfusion-related hepatitis.

5. As part of daily quality control, anti-B is tested against B cells. This procedure ensures what property of the antibody?

- A. Antibody specificity**
- B. Antibody titer
- C. Isotype
- D. Avidity

Antibody specificity. By testing anti-B against cells that carry the B antigen, you confirm that the reagent binds specifically to the B determinant and not to other cellular components. This ensures the antibody will react only with B antigen-bearing cells in routine testing, providing reliable, selective identification of the B antigen. This single QC step doesn't measure how much antibody is present (titer), the antibody's class (isotype), or the overall binding strength in multiple interactions (avidity); those require different tests or approaches.

6. In an antibody screening procedure, after adding check cells, what is the most logical next step?

- A. Perform an antibody identification**
- B. Run a crossmatch
- C. Perform a direct antiglobulin test
- D. Repeat the screening

Check cells are added to verify that the screening test is functioning correctly. When those controls validate the run and the screening cells show reactivity, the next logical step is to identify the antibody by testing a panel of reagent red cells to pinpoint the antibody's specificity. Knowing the exact antibody guides you to select antigen-negative donor units and then perform the appropriate crossmatch. A direct antiglobulin test isn't the next step here, as it's used for different indications, and repeating the screen won't advance the goal once a valid positive screen is being pursued.

7. A postpartum screen on an Rhlg candidate shows anti-D with titer 8. What is the most likely explanation for this result?

- A. Postpartum transfusion effect
- B. Antepartum administration of Rhlg**
- C. Laboratory error
- D. Fetal alloimmunization

The main idea is that a postpartum positive anti-D screen in someone who received Rh immune globulin (Rhlg) is most likely due to the anti-D antibodies that come with the Rhlg itself. Rhlg is given to RhD-negative mothers to prevent sensitization, and it contains anti-D antibodies. These passively acquired antibodies can be detected by antibody screening tests for weeks after administration, producing a titer such as 8. This finding does not necessarily indicate true maternal alloimmunization to the D antigen; it simply reflects the presence of Rhlg-derived anti-D in the circulation. If this anti-D were from genuine alloimmunization, you'd expect a different pattern—often a rising or persistent antibody titer associated with a history of fetal-metal alloimmune exposure or clinical signs of incompatibility. Transfusion-related or laboratory error could cause false positives, but given the context of Rhlg prophylaxis, antepartum administration of Rhlg is the most plausible explanation.

8. If a lab technologist has a positive tuberculin skin test but no other abnormalities, how long is the donation deferral?

- A. No deferral
- B. 1 week
- C. 2 weeks
- D. No deferral as long as there is no abnormality**

A positive tuberculin skin test shows prior exposure to TB, not necessarily active disease. The donation decision hinges on whether active TB is present. If the donor has no symptoms and the exam is normal, there is no deferral simply because the skin test is positive. Latent TB infection is not contagious in the absence of symptoms, and donation is allowed when there is no active disease. A deferral would be needed only if there are signs or symptoms suggestive of active TB (such as persistent cough, fever, night sweats, weight loss) or if the person is undergoing TB treatment. In this scenario, with no abnormal findings, no deferral is required.

9. Which organism is not typically associated with transfusion-transmitted bacterial contamination?

- A. Escherichia coli**
- B. Yersinia enterocolitica
- C. Pseudomonas putida
- D. Citrobacter freundii

Transfusion-transmitted bacterial contamination comes from organisms that can survive and multiply in stored blood components, especially platelets kept at room temperature. Among the organisms listed, Yersinia enterocolitica, Pseudomonas putida, and Citrobacter freundii are classic culprits because they persist and grow under those storage conditions and have been repeatedly linked to septic transfusion reactions. Escherichia coli, while a common pathogen in general infections, is not typically highlighted as a frequent cause of TTBC in standard practice. It can contaminate products in some cases, but it's not as commonly associated with transfusion-transmitted contamination as the others, making it the best choice for not being typical in this context.

10. Which blood group system was discovered first?

- A. Rh
- B. ABO**
- C. MNS
- D. Kell

ABO is the earliest discovered blood group system. Karl Landsteiner's work in 1900 showed that red cells can carry A or B antigens (or both or neither) and that people have antibodies against the antigen they lack. This simple labeling—A, B, AB, or O—explained why some transfusions caused reactions and others did not, and it established blood typing as essential for safe transfusion practice. The Rh system and the other later-described systems like MNS and Kell were identified after ABO, in the mid-20th century, making ABO the first blood group system to be discovered.

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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://mtaabimmunohematology.examzify.com>

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

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