MTLAWS Drug Testing Screening Laboratory Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

Copyright **1**

Table of Contents **2**

Introduction **3**

How to Use This Guide **4**

Questions **5**

Answers **9**

Explanations **11**

Next Steps **17**

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. In DOT or workplace drug testing, if the GC-MS confirmation is negative but the immunoassay screen was positive, what is the final result?

- **A. The final result is negative; GC-MS confirmation supersedes the screen.**
- **B. The final result is positive; screen positive overrides**
- **C. The sample is sent to a second lab for confirmation**
- **D. The result is inconclusive and must be repeated**

2. What is matrix effect, and how does it impact LC-MS/MS drug testing?

- **A. Matrix effect is the suppression or enhancement of ionization caused by co-eluting components in the sample, affecting accuracy and sensitivity; mitigated by sample prep and use of internal standards.**
- **B. Matrix effect is the color change of the solution after mixing.**
- **C. Matrix effect is the variance in sample temperature.**
- **D. Matrix effect is the impact of the patient matrix on the chromatography speed.**

3. Creatinine normalization is used to adjust for what condition in urine testing?

- **A. Urine color**
- **B. Temperature**
- **C. Urine dilution**
- **D. pH**

4. Which statement best describes RA 9165?

- **A. It is the Comprehensive Dangerous Drugs Act of 2002**
- **B. It is a local ordinance**
- **C. It applies only to Metro Manila**
- **D. It requires no penalties**

5. What is the typical storage condition for urine specimens after collection for short-term storage?

A. Room temperature

B. Dry storage

C. Refrigeration at 2-8°C for short-term storage, or freezing for long-term storage.

D. Warm storage

6. What is the primary role of the Dangerous Drugs Board (DDB)?

A. Policy-making body for drug prevention strategies

B. Enforcement arm for drug offenses

C. Regulatory body for clinical laboratories

D. Funding body for pharmacology research

7. Which category describes a laboratory wholly owned by government units?

A. Private owned

B. Institutional based

C. Free-standing

D. Government owned

8. In random drug testing, which group is included?

A. Candidates for public office whether appointee or elected both in the national or local government

B. Officers and employees of public and private offices whether domestic or overseas

C. Students of secondary and tertiary schools

D. Persons charged before the prosecutor's office with a criminal offense having an imposable penalty of imprisonment of not less than six (6) years and one (1) day

9. According to the structure, Screening Laboratories are organized as a division/section/unit with which combination of personnel?

A. Pathologist

B. Chemist

C. Pathologist + Chemist

D. Pharmacist + Medtech

10. What is the initial screening procedure used in drug testing?

A. Gas chromatography

B. Mass spectrometry

C. Enzyme/fluoroimmunoassay

D. Visual inspection

Answers

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

Explanations

1. In DOT or workplace drug testing, if the GC-MS confirmation is negative but the immunoassay screen was positive, what is the final result?

A. The final result is negative; GC-MS confirmation supersedes the screen.

B. The final result is positive; screen positive overrides

C. The sample is sent to a second lab for confirmation

D. The result is inconclusive and must be repeated

In workplace drug testing, the screen is a preliminary, highly sensitive test, while the GC-MS is the confirmatory test that provides definitive identification of the drug. Because the immunoassay can yield false positives from cross-reacting substances, the final result rests on the confirmatory test. If the GC-MS confirmation is negative, there is no confirmed drug detected at or above the required cutoff, so the final result is negative despite the positive screen. The confirmatory result supersedes the screen because it offers specific, verified identification. The other options aren't correct because a positive screen does not override a negative confirmatory result, sending the sample to a second lab isn't standard practice in this scenario, and an inconclusive outcome isn't reached when the confirmatory test is clearly negative.

2. What is matrix effect, and how does it impact LC-MS/MS drug testing?

A. Matrix effect is the suppression or enhancement of ionization caused by co-eluting components in the sample, affecting accuracy and sensitivity; mitigated by sample prep and use of internal standards.

B. Matrix effect is the color change of the solution after mixing.

C. Matrix effect is the variance in sample temperature.

D. Matrix effect is the impact of the patient matrix on the chromatography speed.

Matrix effect refers to suppression or enhancement of ionization in LC-MS/MS caused by co-eluting components in the sample. In drug testing, substances from the biological matrix can co-elute with the analyte and change how efficiently it ionizes, leading to biased signals that distort accuracy and, in some cases, sensitivity. To control this, labs use thorough sample preparation to remove interferences, chromatographic separation to keep analyte apart from matrix compounds, and internal standards (preferably stable isotope–labeled analogs) to compensate for any ionization variability. Matrix-matched calibration and validated methods further ensure accurate quantitation across typical samples. The other ideas—color change, temperature variance, or changes in chromatography speed due to the matrix—do not describe how matrix effects operate in LC-MS/MS.

3. Creatinine normalization is used to adjust for what condition in urine testing?

A. Urine color

B. Temperature

C. Urine dilution

D. pH

Creatinine normalization adjusts for how concentrated or dilute urine is. Creatinine is produced at a fairly steady rate by muscle metabolism and is excreted in urine at a relatively constant rate, so its urine concentration serves as a reliable proxy for urine dilution. By expressing a drug metabolite level relative to creatinine (for example, per creatinine amount), you reduce the impact of hydration differences on the measured concentration, allowing more accurate comparisons between samples. Urine color, temperature, and pH do not reliably reflect dilution and can vary for reasons unrelated to how concentrated the urine is, so they aren't used for this purpose.

4. Which statement best describes RA 9165?

A. It is the Comprehensive Dangerous Drugs Act of 2002

B. It is a local ordinance

C. It applies only to Metro Manila

D. It requires no penalties

RA 9165 is the Comprehensive Dangerous Drugs Act of 2002. This is a national law enacted by Congress to govern illegal drugs across the Philippines, not a local ordinance and not limited to Metro Manila. It defines which substances are considered dangerous drugs, and it sets penalties for possession, use, manufacture, sale, and distribution, establishing enforcement mechanisms such as the Philippine Drug Enforcement Agency. The act also covers treatment and rehabilitation and outlines procedures for seizure and forfeiture. Because of all this, naming RA 9165 as the Comprehensive Dangerous Drugs Act of 2002 best describes its official title and nationwide scope.

5. What is the typical storage condition for urine specimens after collection for short-term storage?

A. Room temperature

B. Dry storage

C. Refrigeration at 2-8°C for short-term storage, or freezing for long-term storage.

D. Warm storage

Preserving urine sample integrity requires temperature control to slow changes that can affect drug stability and the levels of analytes. For short-term storage, refrigeration at 2–8°C keeps the specimen cold enough to limit degradation and microbial growth without freezing it, which helps maintain accurate results. Freezing is used for long-term storage to stop nearly all activity, but for short-term needs, room temperature or warm storage accelerates degradation and bacterial metabolism, making results unreliable. Dry storage isn't appropriate for urine because it can alter concentration or cause other changes in the liquid sample. So refrigeration for short-term storage, or freezing if storage is needed long-term, is the correct approach.

6. What is the primary role of the Dangerous Drugs Board (DDB)?

A. Policy-making body for drug prevention strategies

B. Enforcement arm for drug offenses

C. Regulatory body for clinical laboratories

D. Funding body for pharmacology research

The DDB's main function is to shape policy and coordinate national efforts around dangerous drugs. It sets the direction for prevention, treatment, rehabilitation, and control programs, advises leaders on policy decisions, and oversees the implementation of the national plan. It isn't an enforcement agency, so arrests and policing are handled by law enforcement bodies. It also doesn't regulate clinical laboratories or fund pharmacology research, which are handled by other health and science agencies. Because its core duty is to establish policies and coordinate prevention strategies, this option best fits the DDB's role.

7. Which category describes a laboratory wholly owned by government units?

A. Private owned

B. Institutional based

C. Free-standing

D. Government owned

Ownership is the key idea here. A laboratory described as government owned means all control, funding, and governance come from government units, with the public sector setting policies and budgets and employing staff. This clearly distinguishes it from private owned labs, which are run by individuals or private entities; from institutional based labs, which are tied to a specific institution like a university or private hospital but not necessarily owned by the government; and from free-standing labs, which refers to being independent of a hospital or larger institution rather than who owns them. So the category that fits a lab wholly owned by government units is government owned, reflecting public sector ownership and oversight.

8. In random drug testing, which group is included?

A. Candidates for public office whether appointee or elected both in the national or local government

B. Officers and employees of public and private offices whether domestic or overseas

C. Students of secondary and tertiary schools

D. Persons charged before the prosecutor's office with a criminal offense having an imposable penalty of imprisonment of not less than six (6) years and one (1) day

Random drug testing is designed for people who are in the workforce and subject to workplace policies, spanning both public and private offices and including those deployed overseas. These individuals hold regular positions or are employees whose conduct can affect safety, integrity, and operations, so they are the group targeted by such screening. The other groups aren't included because they aren't employees covered by workplace drug policies: candidates for public office aren't yet in an official role, students aren't part of the workforce, and a person merely charged with a crime isn't being screened as part of a workplace program.

9. According to the structure, Screening Laboratories are organized as a division/section/unit with which combination of personnel?

A. Pathologist

B. Chemist

C. Pathologist + Chemist

D. Pharmacist + Medtech

In a screening laboratory, you need both medical oversight and analytical expertise. A pathologist provides the medical interpretation, clinical context, specimen oversight, and governs how results are reported to reflect patient care. A chemist brings the technical know-how to perform the assays, validate methods, run instruments, and maintain quality control to ensure accurate and reliable test results. Having both roles together ensures that drug screening is handled with sound medical judgment and solid scientific execution, which is why the combination of a pathologist and a chemist is the appropriate structure.

10. What is the initial screening procedure used in drug testing?

A. Gas chromatography

B. Mass spectrometry

C. Enzyme/fluoroimmunoassay

D. Visual inspection

In drug testing, the first step is to quickly screen many samples for possible positives, and enzyme/fluoroimmunoassay fits that role perfectly. These immunoassays use antibodies that recognize drug classes or metabolites in urine or other specimens and produce a rapid readout—usually positive or negative—based on predefined cutoffs. They're fast, cost-effective, and easily automated, making them ideal for high-throughput screening of large sample volumes. If a screen comes back positive, the result isn't treated as a definitive identification. Instead, it triggers a confirmatory test using more specific instrumentation, typically GC-MS or LC-MS/MS, which can precisely identify and quantify the drug to rule out false positives. Gas chromatography and mass spectrometry, while highly specific and sensitive, are more time-consuming and resource-intensive, so they're commonly used for confirmation rather than the initial screen. Visual inspection wouldn't provide reliable or quantifiable drug detection, so it isn't used as a screening method.

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://mtlawsdrugtestingscreeninglab.examzify.com

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