

NHCO ORDER OF DRAW PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://nhcoorderofdraw.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

- 1. What is the primary purpose of following a standardized order of draw in venipuncture?**
 - A. To speed up blood collection
 - B. To prevent cross-contamination of additives between tubes and ensure accurate test results.
 - C. To reduce the number of tubes needed
 - D. To minimize patient discomfort

- 2. What is the implied priority when a patient becomes faint during a venipuncture?**
 - A. Continue the draw to completion if possible.
 - B. Notify the nurse on duty and wait.
 - C. Protect patient from injury if anything should occur.
 - D. Encourage the patient to stand to regain circulation.

- 3. What should you do if a tube arrives broken or cracked?**
 - A. Use it anyway
 - B. Do not use; discard and recollect per policy; document
 - C. Tape it and proceed
 - D. Notify the patient

- 4. Why should you use a new needle for each patient?**
 - A. To reduce cross-contamination and infection
 - B. To prevent cross-contamination and infection
 - C. To ensure faster collection
 - D. To lower patient discomfort

- 5. Which vein is most commonly used for venipuncture and why?**
 - A. The median cubital vein in the antecubital fossa because it is large, superficial, and typically stable.
 - B. The basilic vein because it's easy to locate.
 - C. The cephalic vein because it's the strongest.
 - D. The femoral vein because it's close to the surface.

- 6. Which statement best describes the effect of EDTA carryover into serum tests?**
- A. EDTA carryover could contaminate the serum sample, falsely altering results.
 - B. Serum samples are unaffected by EDTA.
 - C. EDTA carryover improves serum test accuracy.
 - D. EDTA carryover only affects plasma tests.
- 7. What additive is in a light blue top tube and which tests use it?**
- A. Sodium citrate; used for coagulation tests such as PT/INR and aPTT.
 - B. Sodium fluoride; used for glucose testing
 - C. Sodium citrate; used for lipid profiling
 - D. EDTA; used for CBC
- 8. What color is used to identify blood collection tubes containing EDTA used by hematology?**
- A. Lavender and pink
 - B. Light Blue
 - C. Green
 - D. Red
- 9. What should you do if a specimen arrives with improper labeling or cannot be labeled correctly?**
- A. Do not use the specimen and notify the supervisor to correct labeling or recollect.
 - B. Proceed with testing after correcting the label.
 - C. Discard without notification.
 - D. Keep as is and test later.
- 10. What is the difference between serum and plasma?**
- A. Plasma is the liquid containing anticoagulant.
 - B. Serum is the liquid after clotting; plasma is the liquid with anticoagulant and fibrinogen intact.
 - C. Serum contains fibrinogen; plasma does not.
 - D. Serum and plasma are identical.

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the primary purpose of following a standardized order of draw in venipuncture?

- A. To speed up blood collection
- B. To prevent cross-contamination of additives between tubes and ensure accurate test results.**
- C. To reduce the number of tubes needed
- D. To minimize patient discomfort

The main idea is to prevent carryover of additives from one tube into the next. Each tube contains specific chemicals or clotting agents chosen for particular tests, and if that additive contaminates a subsequent tube, it can alter the blood's chemistry or clotting behavior, giving false or misleading results. Following a fixed order minimizes this cross-contamination, preserves the integrity of each specimen, and helps ensure accurate laboratory results. While efficiency or patient comfort might be affected in other ways, they aren't the primary reason for this procedure—the reliability of test outcomes hinges on keeping additives from one tube from affecting the next.

2. What is the implied priority when a patient becomes faint during a venipuncture?

- A. Continue the draw to completion if possible.
- B. Notify the nurse on duty and wait.
- C. Protect patient from injury if anything should occur.**
- D. Encourage the patient to stand to regain circulation.

Safety of the patient is the priority. When someone begins to faint during venipuncture, the immediate goal is to prevent injury and protect them from harm. Fainting can lead to a fall or movement that could dislodge the needle or cause exposure to blood, so the correct action is to stop the draw, secure the situation, and place the patient in a safe position—ideally lying flat with legs elevated if possible—so circulation can return safely. After the patient is secured, seek assistance as needed. Continuing the draw or trying to stand the patient up would increase the risk of injury, and simply waiting without taking protective steps does not address the immediate danger.

3. What should you do if a tube arrives broken or cracked?

- A. Use it anyway
- B. Do not use; discard and recollect per policy; document**
- C. Tape it and proceed
- D. Notify the patient

When a collection tube arrives broken or cracked, the specimen's safety and accuracy are compromised. A damaged tube can leak blood and additives, posing a biohazard to staff and potentially affecting how the sample behaves, which may lead to invalid test results. The correct action is to discard the compromised tube according to policy, recollect the specimen with a new tube, and document the incident so the deviation is recorded and proper quality control is maintained. Using the damaged tube would risk contamination or inaccurate results, taping it doesn't restore sterility or integrity, and notifying the patient doesn't address the procedural safety issue.

4. Why should you use a new needle for each patient?

- A. To reduce cross-contamination and infection
- B. To prevent cross-contamination and infection
- C. To ensure faster collection
- D. To lower patient discomfort**

Using a new needle for each patient is about infection control and patient safety. A sterile, single-use needle prevents organisms or blood from one patient from passing to another and protects you from exposure to bloodborne pathogens. Reusing needles can spread infections and increase the risk of needle-stick injuries, compromising both patient and clinician safety and the integrity of the blood sample. While a fresh needle can be more comfortable and may feel smoother, the primary reason to change needles is to prevent cross-contamination and infection. The other ideas—faster collection or less discomfort—aren't the main justification, since safety comes first and technique or instrument sharpness influences outcomes only as secondary factors.

5. Which vein is most commonly used for venipuncture and why?

- A. The median cubital vein in the antecubital fossa because it is large, superficial, and typically stable.**
- B. The basilic vein because it's easy to locate.
- C. The cephalic vein because it's the strongest.
- D. The femoral vein because it's close to the surface.

The best vein for venipuncture is chosen for accessibility, stability, and safety. The median cubital vein, located in the antecubital fossa (the bend of the elbow), fits these criteria well: it is usually large enough to accommodate the needle and tubes, lies close to the surface, and runs relatively straight with less tendency to roll. This combination makes it easy to locate, puncture, and maintain a steady needle position, which often means fewer attempts and less discomfort for the patient. In contrast, the basilic vein is more medially located and tends to be deeper and more variable in size, so it can be harder to palpate and more prone to rolling or collapsing during the draw. The cephalic vein, while in a similar region, is more lateral and can be smaller or more variable, making it less reliable in some patients. The femoral vein sits in the groin area, where there are higher infection risks and a greater chance of hitting arteries or nerves, so it is avoided for routine venipuncture unless absolutely necessary. So, the median cubital vein in the antecubital fossa is preferred because it is large, superficial, and typically stable, making venipuncture easier and safer.

6. Which statement best describes the effect of EDTA carryover into serum tests?

- A. EDTA carryover could contaminate the serum sample, falsely altering results.**
- B. Serum samples are unaffected by EDTA.
- C. EDTA carryover improves serum test accuracy.
- D. EDTA carryover only affects plasma tests.

EDTA carryover into serum tests matters because EDTA is a strong chelator of calcium and other divalent metal ions. If even a small amount of EDTA from a previous tube or sample remains in the serum, it binds calcium and related ions present in the assay. This reduces the free ion concentrations that many serum tests rely on, leading to falsely altered results (often falsely low calcium and potentially affecting other ion-dependent measurements). Serum should be free of anticoagulants, so contamination by EDTA will not improve accuracy and can skew results. It can affect serum tests just as it would affect plasma tests, so the idea that it only impacts plasma is incorrect.

7. What additive is in a light blue top tube and which tests use it?

- A. Sodium citrate; used for coagulation tests such as PT/INR and aPTT.**
- B. Sodium fluoride; used for glucose testing
- C. Sodium citrate; used for lipid profiling
- D. EDTA; used for CBC

The main idea here is recognizing what additive is in a light blue top tube and what tests rely on it. Light blue tubes contain sodium citrate, an anticoagulant that binds calcium to keep blood from clotting. This preserves the coagulation factors, which is why these tubes are used for coagulation studies such as PT/INR and aPTT. For these tests, the accurate clotting time depends on the correct blood-to-anticoagulant ratio, so proper filling and mixing are crucial. Sodium fluoride is used with gray-top tubes to preserve glucose, not for coagulation testing. Sodium citrate isn't typically used for lipid profiling, which generally uses serum from red or gold/SST tubes. EDTA, found in lavender-top tubes, is used for CBCs, not light blue tubes. So the additive in a light blue top tube is sodium citrate, and it's used for coagulation testing like PT/INR and aPTT.

8. What color is used to identify blood collection tubes containing EDTA used by hematology?

- A. Lavender and pink**
- B. Light Blue
- C. Green
- D. Red

EDTA is the anticoagulant used to preserve blood cells for hematology tests, such as the complete blood count, by preventing clotting and keeping cells intact. The tube color signals this additive. For hematology, the standard EDTA tubes have lavender (purple) tops, and many labs also use pink-top tubes that contain EDTA for certain hematology and blood-bank related testing. That's why both lavender and pink indicate EDTA tubes used in hematology workflows. Other colors point to different additives: light blue tops have sodium citrate, green tops contain heparin, and red tops are serum tubes with no anticoagulant.

9. What should you do if a specimen arrives with improper labeling or cannot be labeled correctly?

- A. Do not use the specimen and notify the supervisor to correct labeling or recollect.**
- B. Proceed with testing after correcting the label.
- C. Discard without notification.
- D. Keep as is and test later.

Labeling accuracy is essential to ensure the right patient receives the right test results. When a specimen arrives with improper labeling or cannot be labeled correctly, do not use the specimen. Notify the supervisor so labeling can be corrected or a recollection can be arranged with proper patient identification. This preserves test integrity, prevents misidentification, and maintains the lab's chain of custody. Proceeding after correcting the label yourself isn't appropriate because you can't guarantee patient identity once labeling is in question. Discarding the specimen without notification wastes it and risks patient care and documentation. Keeping it and testing later delays care and leaves the labeling issue unresolved. Always document the issue and follow the protocol to obtain proper labeling before any testing.

10. What is the difference between serum and plasma?

- A. Plasma is the liquid containing anticoagulant.
- B. Serum is the liquid after clotting; plasma is the liquid with anticoagulant and fibrinogen intact.**
- C. Serum contains fibrinogen; plasma does not.
- D. Serum and plasma are identical.

The key idea is how the blood is treated before separating the liquid. If blood is drawn into a tube with an anticoagulant, it won't clot, so after centrifugation the liquid portion is plasma. Plasma keeps the clotting factors, including fibrinogen, intact because the coagulation cascade was blocked by the anticoagulant. If blood is drawn without an anticoagulant and is allowed to clot, a clot forms and traps cells and clotting proteins. After centrifugation, the liquid above the clot is serum, which has had the fibrinogen and most other clotting factors used up in the clot, so they're not present in serum. That's why serum is the liquid after clotting, and plasma is the liquid with anticoagulant present and fibrinogen (and other clotting factors) still intact.

SAMPLE

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://nhcoorderofdraw.examzify.com>

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

SAMPLE