

NPS PHLEBOTOMY PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. Direct Transmission occurs when infection passes directly without proper gloving and hand washing.**
 - A. Direct Transmission
 - B. Indirect Transmission
 - C. Vehicle Transmission
 - D. Vector Transmission
- 2. True or False: A collection tube can lose its vacuum if it stays on the shelf too long.**
 - A. True
 - B. False
 - C. Depends on the tube
 - D. Not sure
- 3. True or False: A glucose tolerance test can be used to diagnose adrenal insufficiency.**
 - A. False
 - B. True
 - C. Not typically
 - D. Depends on cortisol
- 4. How many seconds after the draw should tubes be inverted?**
 - A. 15 seconds
 - B. 45 seconds
 - C. 30 seconds
 - D. 60 seconds
- 5. Which test is not part of the blood sugar panel?**
 - A. GTT
 - B. LDL
 - C. Insulin
 - D. Insulin Antibody

- 6. What are the risks and considerations of the syringe method for blood collection?**
- A. It eliminates needlestick risk.
 - B. It is the standard best method with no downsides.
 - C. It should be avoided for all patients.
 - D. It can help with difficult veins but increases needlestick risk and potential sample miscollection or hemolysis if not handled properly.
- 7. The incision on a fingerstick should be made _____ to the fingerprints in the distal phalanx.**
- A. Tangential
 - B. Perpendicular
 - C. Diagonal
 - D. Parallel
- 8. Any disease-causing pathogen carried through the blood**
- A. Blood Borne Pathogen
 - B. Airborne Pathogen
 - C. Fomite
 - D. Vector-Borne Pathogen
- 9. Which sample is used to evaluate gas exchange and acid-base status?**
- A. Blood gasses
 - B. Serum
 - C. Plasma
 - D. CBC
- 10. Which phlebotomy practice is most likely to cause erroneous results in coagulation testing?**
- A. Redirecting the needle several times
 - B. Performing a single clean venipuncture
 - C. Using proper tourniquet technique
 - D. Labeling correctly

Answers

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

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Explanations

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1. Direct Transmission occurs when infection passes directly without proper gloving and hand washing.

- A. Direct Transmission**
- B. Indirect Transmission
- C. Vehicle Transmission
- D. Vector Transmission

Direct transmission means pathogens pass straight from one person to another through direct contact, such as touching a patient or their secretions, or touching contaminated skin or mucous membranes, without an intermediate object or organism. If gloves aren't used and hands aren't washed, the healthcare worker's skin or contaminated hands become the direct bridge for transferring organisms to another person or surface. This is different from indirect transmission, which involves an intermediary object (like a doorknob or a contaminated instrument), vehicle transmission through contaminated food or water, or vector transmission by a living carrier such as a mosquito. The scenario described fits direct transmission because the infection moves directly without an intermediate carrier when proper hand hygiene and gloving aren't used.

2. True or False: A collection tube can lose its vacuum if it stays on the shelf too long.

- A. True
- B. False**
- C. Depends on the tube
- D. Not sure

A collection tube's vacuum is maintained because it is sealed and evacuated during manufacturing. That vacuum stays in place while the tube is sealed and intact, so simply sitting on a shelf does not cause it to leak away. The vacuum is lost only if the stopper is pierced to draw blood or if the tube is damaged or stored improperly (extreme heat or compromised seal). Therefore, the statement is false.

3. True or False: A glucose tolerance test can be used to diagnose adrenal insufficiency.

- A. False
- B. True**
- C. Not typically
- D. Depends on cortisol

A glucose tolerance test is used to assess how the body handles a glucose load, focusing on blood glucose and insulin response over a couple of hours. It's a tool for diagnosing diabetes, gestational diabetes, or problems with insulin secretion, not for evaluating the adrenal axis. Adrenal insufficiency is diagnosed by measuring cortisol production, typically with a morning cortisol level and a subsequent ACTH stimulation (cosyntropin) test to see if cortisol increases appropriately. Because the GTT does not measure cortisol levels or adrenal responsiveness, it cannot diagnose adrenal insufficiency. So the statement isn't accurate, since diagnosing adrenal insufficiency relies on cortisol testing, not glucose tolerance.

4. How many seconds after the draw should tubes be inverted?

- A. 15 seconds
- B. 45 seconds
- C. 30 seconds**
- D. 60 seconds

Prompt mixing is essential after a blood draw: you need to distribute the additive in the tube throughout the blood to prevent clotting in anticoagulant tubes and to ensure proper serum separation in clot activator tubes. Inverting the tube within about 30 seconds of collection gives enough time for the blood to be mixed thoroughly without delaying processing, so the additive can do its job effectively. Inversions should be gentle and sufficient to mix the contents (often 5–10 gentle inversions, depending on the tube type), but the key idea here is the timing—waiting around half a minute helps ensure the additive is distributed before any clotting can begin in tubes that aren't immediately anticoagulated. Too little delay (like 15 seconds) might not guarantee complete mixing for all additive types, while longer delays (45–60 seconds) unnecessarily slows the workflow and can increase the risk of clotting before mixing. So, the best timing among the options is to invert the tubes about 30 seconds after the draw.

5. Which test is not part of the blood sugar panel?

- A. GTT
- B. LDL**
- C. Insulin
- D. Insulin Antibody

Tests that assess how the body regulates blood sugar include measures like fasting glucose, the glucose tolerance test (GTT), insulin, and insulin antibodies. The GTT reveals how quickly glucose is cleared after a glucose load, highlighting problems with glucose tolerance. Measuring insulin shows the amount of circulating insulin, helping evaluate insulin production or resistance. Insulin antibody testing looks for autoimmune antibodies that can interfere with insulin. LDL, however, is a lipid parameter used to assess cardiovascular risk and is part of a lipid panel, not a glucose panel. So the test not part of the blood sugar panel is LDL.

6. What are the risks and considerations of the syringe method for blood collection?

- A. It eliminates needlestick risk.
- B. It is the standard best method with no downsides.
- C. It should be avoided for all patients.
- D. It can help with difficult veins but increases needlestick risk and potential sample miscollection or hemolysis if not handled properly.**

The syringe method is used when drawing blood from veins that are hard to access. It gives the phlebotomist more control over the suction, allowing a slow, careful draw that can prevent vein collapse and enable collection from small or fragile veins. That benefit is why this technique is chosen in challenging cases. However, there are important trade-offs. Because a needle is involved and the blood must be transferred from the syringe to collection tubes, there is a greater chance of a needlestick during handling or transfer if careful technique isn't followed. The extra steps also raise the possibility of sample miscollection or mislabeling and delays in transferring blood can contribute to hemolysis or other sample integrity issues if the blood is mishandled or not processed promptly. Properly trained personnel can mitigate these risks, but they remain inherent downsides of this method. So, this approach can be helpful for difficult veins, but it requires careful technique to avoid increased needlestick risk, miscollection, or hemolysis. The other options are not accurate because they either claim no downsides, eliminate needlestick risk, or suggest it should be avoided for everyone, which isn't true in the right clinical context.

7. The incision on a fingerstick should be made _____ to the fingerprints in the distal phalanx.

- A. Tangential
- B. Perpendicular**
- C. Diagonal
- D. Parallel

Puncturing across the natural skin lines on the fingertip yields the cleanest, most reliable puncture. The fingerprint ridges run in a specific direction, and making the incision perpendicular to those ridges cuts through the skin in a way that opens into the tiny capillaries, producing a steady blood drop with minimal tissue tearing. If you cut along or across but not across properly (tangential, parallel, or a diagonal that does not cross the ridges cleanly), the wound can tear along the ridges or create a less controlled opening, leading to slower or inconsistent bleeding. So a perpendicular incision aligns with the goal of a quick, adequate capillary blood sample.

8. Any disease-causing pathogen carried through the blood

- A. Blood Borne Pathogen**
- B. Airborne Pathogen
- C. Fomite
- D. Vector-Borne Pathogen

Bloodborne pathogens are disease-causing microorganisms carried in blood. This term fits the description because it refers to agents that can be transmitted through contact with infected blood, including viruses like hepatitis B, hepatitis C, and HIV. They differ from airborne pathogens that spread through the air, fomites which involve contaminated surfaces or objects, and vector-borne pathogens that require a carrier like a mosquito or tick. In phlebotomy, recognizing this distinction underscores why universal precautions and safety measures—gloves, proper PPE, careful needle handling, immediate hand hygiene, and correct sharps disposal—are essential to protect both patients and healthcare workers from bloodborne exposures.

9. Which sample is used to evaluate gas exchange and acid-base status?

A. Blood gasses

B. Serum

C. Plasma

D. CBC

Measuring gas exchange and acid-base status relies on quantifying the dissolved gases and the pH of blood, which is obtained from an arterial blood gas sample. Arterial blood reflects the lungs' ability to oxygenate and remove carbon dioxide, so it provides accurate PaO₂, PaCO₂, and pH values that define acid-base balance. Serum or plasma come from clotted blood and only reflect the liquid components, not the gas tensions. CBC assesses blood cells, not gas exchange or acid-base status. So the best choice is the blood gas sample.

10. Which phlebotomy practice is most likely to cause erroneous results in coagulation testing?

A. Redirecting the needle several times

B. Performing a single clean venipuncture

C. Using proper tourniquet technique

D. Labeling correctly

Coagulation tests depend on a blood sample that hasn't been activated or contaminated by tissue factors. Any preanalytical trauma that makes the blood start clotting or alters its composition can throw off the results. Redirecting the needle several times causes mechanical injury to the vein and surrounding tissue. This trauma can release tissue factor and activate platelets, which can prematurely start the coagulation cascade or otherwise disturb the clotting balance in the sample. When the blood in the collection tube begins to clot or its coagulation factors are consumed before analysis, the test results become unreliable. A single clean venipuncture minimizes this trauma, helping preserve the sample's true coagulation status. Proper tourniquet technique and correct labeling matter for overall sample quality and patient safety, but they don't introduce the same direct coagulation activation risk as repeated needle sticks. So, the practice most likely to cause erroneous coagulation results is redirecting the needle several times.

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://npsphlebotomy.examzify.com>

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

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