Medical Professional

Medical-Tech

Medical Technologist Exam (Medical Technologist Examination)

Latest Version: 6.0

Question: 1

If the doctor suspects the patient has Hodgkin's disease, then the correct stain for the smear is

A. Periodic acid-Schiff (PAS)
B. Sudan black B (SBB)
C. Leukocyte alkaline phosphates (LAP)
D. Lacto phenol cotton blue (LPCB)

Answer: C

Explanation:
Hematologists use LAP stain to highlight neutrophils when the patient has many white bloods cells but not leukemia (leukemic reaction). Microbiologists use periodic acid-Schiff (PAS) to stain carbohydrates, collagen, fibrin, and mucin purple. Sudan black B (SBB) is specifically for acute leukemia patients; it helps to differentiate between immature cells by staining lipids in myeloid leukemia that are absent in lymphoid leukemia. LPCB is mixed with potassium hydroxide (KOH) to identify fungus.

Question: 2

A battlement scan is preferable to a wedge scan for studying bone marrow because

A. Battlement technique distributes cells evenly across the slide.
B. Lymphocytes concentrate in the feather.
C. Wedge technique causes leukocytes to pool in different sections of the slide.
D. Both a and c

Answer: D

Explanation:
Make a bone marrow slide with a battlement technique so the review is standardized, with even cell distribution. Wedge push technique (feathered end) causes the white cells to pool unevenly on the slide. On the side edges and in the feather of a wedge push slide, concentrated pockets of eosinophils, monocytes, and segmented neutrophils will be found. Small lymphocytes concentrate in the center of the slide.

Question: 3

A bleeding patient with a coagulation deficiency needs

A. 225 mL of fresh frozen plasma at +18˚C
B. 15 mL of cryoprecipitate at +18˚C
C. 300 mL of platelet pheresis at +20˚C
D. 520 mL of whole blood at +4˚C

Answer: A

Explanation:
Fresh frozen plasma can be used for a bleeding patient with a coagulation deficiency, or a trauma patient who needs additional red blood cells. Reserve whole blood for the resuscitation of trauma victims. Cryoprecipitate is appropriate for hemophiliacs, von Will brand disease, and hypofibrinogenemia. Platelet pheresis is useful for patients with thrombocytopenia or platelet dysfunction.

Question: 4

Confirm a fungal infection found through microscopy with a

A. Latex serology for cryptococcal antigen
B. Fungal serology titer of more than 1:32 that increases x4 or more 3 weeks later
C. Complement fixation for coccidiomycosis and histoplasmosis
D. Immunodiffusion for blastomycosis.

Answer: B

Explanation:
First, gently scrape suspected fungus off the patient's skin. Mix two drops of potassium hydroxide (KOH) and one drop of LPCB on a glass slide, cover it, and warm it to observe budding yeasts. Add a drop of calcofluor white before warming to see fluorescent infected tissue. Put a drop of India ink on a wet mount to see clear cryptococcal capsules. Confirm the microscopic exam with fungal serology when you test the skin scraping and again in three weeks. The doctor may follow up by ordering latex serology' for cryptococcal antigen to find meningitis, complement fixation for coccidiomycosis and histoplasmosis, and Immunodiffusion for blastomycosis.

Question: 5

Two modern flocculation tests that replace the older Venereal Disease Research Laboratory (VDRL) test for syphilis screening are

A. Plasmacrit test (PCT) and rapid plasma regain (RPR) test
B. Fluorescent treponemal antibody absorption (FTA-ABS) and enzyme-linked immunosorbent assay (ELISA)
C. Treponemal-specific microhemagglutination (MHA-TP) and T. pallidum particle agglutination test (TP-PA)
D. Captain Syphilis-G enzyme immunoassay (EIA) and cold agglutinins

Answer: A

Explanation:
The old screening test for syphilis is VDRL, which measures Treponemal pallidum antibodies by flocculation reaction to the diphosphatidyl glycerol in ox heart extract. However, VDRL misses cases of syphilis that are less than four weeks old, and half of cases that are in the late stages. VDRL is not very sensitive, and often gives a false-positive result for patients with the following conditions pregnancy, hepatitis, HIV, leprosy, lupus (SLE), Lyme disease, malaria, mononucleosis, pneumonia, rheumatic fever, or rheumatoid arthritis. PCT and RCR are less likely to be confounded, and since they require less blood, are replacing VDRL ELISA confirms syphilis infection by identifying the specific antibodies. FTA-ABS is 100% accurate for secondary syphilis, but it is expensive, and the patient will always test positive once infected. Captain is required to confirm RPR. Cold agglutinins increase in children with congenital syphilis.

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