

ASCP-MLT^{Q&As}

MEDICAL LABORATORY TECHNICIAN - MLT(ASCP)

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QUESTION 1

Macroamylasemia can be diagnosed by measuring amylase levels in the urine and serum. In patients with macroamylasemia, there will be high levels of amylase in the serum. However, macroamylasemia can look similar to acute pancreatitis, which also causes high levels of amylase in the blood. To help differentiate, we measure amylase levels in the urine. Urine levels of amylase are low in people with macroamylasemia, but high in patients with pancreatitis.

The results which would be MOST consistent with macro-amylasemia are?

- A. Normal serum amylase and elevated urine amylase values
- B. Increased serum amylase and normal to low urine amylase values
- C. Increased serum and increased urine amylase values
- D. Normal serum and normal urine amylase values

Correct Answer: B

QUESTION 2

The renal threshold is the maximum amount of a substance that the kidney can prevent from entering into the urine.

UA and body fluids

The renal threshold is best described as:

- A. Concentration at which a substance in the blood spills into urine
- B. Concentration at which reabsorption first occurs
- C. Concentration at which kidney can no longer filter the blood
- D. Concentration at which kidney failure begins

Correct Answer: A

QUESTION 3

According to the Michaelis-Menton kinetics theory, when a reaction is performed in zero- order kinetics:

- A. The substrate concentration is very low and the reaction rate is dependent on the substrate concentration
- B. The substrate concentration is in excess and the reaction rate is dependent on the enzyme concentration
- C. The enzyme concentration is in excess and the reaction rate is dependent on the substrate concentration
- D. The substrate concentration is equal to K_m and the reaction rate is dependent on the enzyme concentration

Correct Answer: B

QUESTION 4

First, the RBC indices must be calculated. The MCV $((\text{Hct}/\text{RBC}) \times 10) = 71 \text{ fL}$. Since the reference range for the MCV is 80-100 fL, this anemia would be classified as microcytic. The MCH $((\text{Hgb}/\text{RBC}) \times 10) = 19.3 \text{ pg}$. Since the reference range for the MCH is 27-33 pg, this would be considered hypochromic. Finally, the MCHC $((\text{Hgb}/\text{Hct}) \times 100) = 27\%$. Since the normal range for the MCHC is 33%-36%, this would indicate hypochromia which correlates with the MCH findings. The correct answer is therefore microcytic, hypochromic anemia.

A patient is admitted to the emergency room with lethargy and pallor. The CBC results are as follows:

RBC = $4.1 \times 10^{12}/\text{L}$

Hemoglobin = 7.9 g/cL

Hematocrit = 29%

How would you classify this anemia?

- A. microcytic, hypochromic
- B. normocytic, normochromic
- C. macrocytic, normochromic
- D. microcytic, hyperchromic

Correct Answer: A

QUESTION 5

One method of calculating a glomerular filtration rate is using creatinine and urine volume to determine creatinine clearance. The equation is as follows:

Creatinine Clearance = $(\text{urine creatinine} \times \text{urine flow rate}) / \text{plasma creatinine}$; where urine flow rate = volume in mL /24 hours x h/60 min)

In this case = creatinine clearance = $124 \times (2200/24 \times \text{hour}/60) / 2 = 94.7$ or 95 ml/min

What is the glomerular filtration rate for a patient with a serum creatinine of 2 mg/dL, if the urine creatinine was 124 mg/dL and the urine volume was 2.2 L/24 hrs?

- A. 9.5 mL/min
- B. 13.6 mL/min
- C. 95 mL/min
- D. 136 mL/min
- E. 1.36 mL/min

Correct Answer: C

QUESTION 6

The most likely causes of delayed hemolytic reactions are Kidd system antibodies. Both jka and jkb are often responsible for delayed hemolytic transfusion reactions.

Blood Bank

Delayed hemolytic transfusion reactions are usually caused by antibodies directed against what blood group system?

- A. MNS
- B. Kidd.
- C. Kell.
- D. Rh.
- E. ABO

Correct Answer: B

QUESTION 7

HbsAg is positive in acute and chronic Hepatitis B infections, since the antigen is found on the actual surface of the virus. HbeAg is present in the blood when the hepatitis B viruses are replicating, indicating an active infection. Anti-Hbc IgM is present due to the immune response to the presence of the hepatitis core antigen and indicates an acute infection. Anti-HBs is generally interpreted as indicating recovery and immunity from hepatitis B virus infection, according to the CDC. Given the following results, what is the immune status of the patient? HbsAg: positive HbeAg: positive Anti-HBc IgM: positive Anti-HBs: negative

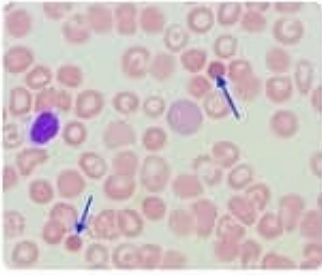
- A. acute infection
- B. chronic infection
- C. immunization
- D. susceptible

Correct Answer: A

QUESTION 8

The cells indicated by the arrows in the image are spherocytes. Spherocytes have a decreased surface to volume ratio and are therefore smaller with an increased MCHC. Spherocytes have lost their bi-concave shape and are spherical in shape, hence the name.

What are the cells that are indicated by the arrows in this peripheral blood smear image?



- A. Echinocytes
- B. Elliptocytes
- C. Spherocytes
- D. Stomatocytes

Correct Answer: C

QUESTION 9

A test with high specificity accurately detects the absence of disease. The more specific a test is, the fewer false-positive results will occur. A test with high sensitivity accurately identifies the presence of disease. The more sensitive a test, the fewer false-negative results it produces. In the case stated in this question, the immunoassay has high specificity, so it has few false-positives and will accurately detect those individuals who do not have the disease or condition that is being tested for. However, the test has low sensitivity, so it may not identify all individuals who actually have the disease; it may produce many false-negative results.

The accuracy of an immunoassay is its ability to discriminate between results that are true positives and results that are true negatives. Two parameters of test accuracy are specificity and sensitivity. Which of these statements apply to an immunoassay with high specificity, but low sensitivity?

- A. Accurately identifies the presence of disease
- B. Accurately identifies the absence of disease
- C. Has few false-positives
- D. Has few false-negatives

Correct Answer: BC

QUESTION 10

Though it may not be required, TDM should still be used to confirm adequate dosing. Genotyping does not make TDM redundant.

A PM will metabolize the drug more slowly and therefore will need lower doses. CYP2D6 metabolizes many different drugs; it is not associated with just one class of drugs. Anytime a drug is taken that competes for the same metabolizing enzyme as another drug, there is potential for the concentrations of both drugs to be increased.

A patient has been characterized as a CYP2D6 poor metabolizer (PM) after genotyping. Which of the following statements is not true?

- A. The patient will likely need lower doses of CYP2D6-metabolized drugs.
- B. The patient is less likely to require therapeutic drug monitoring (TDM) since the genotype is known.
- C. CYP2D6 metabolizes many drugs, and so attention must be given to the doses of drugs from different classes.

Correct Answer: B

QUESTION 11

In which of the following laboratory situations is a verbal report permissible?

- A. When preoperative test results are needed by the anesthesiologist
- B. When the report cannot be found at the nurse's station
- C. When the patient is going directly to the physician's office
- D. None of these answers is correct.

Correct Answer: D

QUESTION 12

Beer's law is based on the fact that absorbance is directly proportional to the concentration of a solution. Therefore, stray light can alter the absorbance results in this type of assay.

Deviations from Beer's Law are caused by:

- A. very low concentration of absorbing material
- B. polychromatic light
- C. very high concentrations of substance being measured in a colorimetric reaction
- D. stray light

Correct Answer: D

QUESTION 13

The FTA-ABS is used to confirm that a positive non-treponemal test like RPR is not the result of a biological false positive, which occur in about 1 to 10 percent of the population.

A positive RPR test and a negative FTA-ABS test is most likely the result of:

- A. Primary syphilis

- B. Secondary syphilis
- C. Latent syphilis
- D. False positive reaction

Correct Answer: D

QUESTION 14

Gram positive organisms resist decolorization by ethyl alcohol. The large crystal violet- iodine complex is not able to penetrate the peptidoglycan layer, and is trapped within the cell in gram-positive organisms. Conversely, the outer membrane of gram-negative organisms is degraded and the thinner peptidoglycan layer of gram-negative cells is unable to retain the crystal violet-iodine complex and the color is lost.

What is the purpose of using ethyl alcohol or acetone in the gram stain procedure:

- A. Fix all gram positive organisms
- B. Decolorize all gram positive organisms
- C. Decolorize all gram negative organisms
- D. Fix all gram negative organisms

Correct Answer: C

QUESTION 15

This integrity of this specimen is compromised. The unit cannot be used.

What action should be taken if a large clot is noticed in a red blood cell unit while the product is being prepared for release to the patient?

- A. Issue the product as you normally would but with a filter.
- B. Issue the product, but note the presence of the clot in the computer records.
- C. Filter the product prior to issue and record the process.
- D. Do not issue the product.

Correct Answer: D