



Phlebotomy

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Practice Questions

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1. A phlebotomist is about to perform a venipuncture on a patient with no known infections. Which of the following PPE items is the MINIMUM required by Standard Precautions for this procedure?

- A. Gloves, gown, and face shield
- B. Gloves, gown, mask, and goggles
- C. Gloves only
- D. Gloves and a surgical mask

2. Immediately after activating the safety device on a used needle, the phlebotomist should place it in which container?

- A. A covered wastebasket lined with a plastic bag
- B. A puncture-resistant sharps container
- C. A red biohazard bag
- D. The original needle packaging for later disposal

3. A phlebotomist draws blood from a patient, then removes her gloves and applies hand sanitizer before moving to the next patient. The soap and water dispenser nearby is empty. According to CDC hand hygiene guidelines, which situation would have REQUIRED soap and water instead of an alcohol-based hand rub?

- A. After caring for a patient on Contact Precautions for *Clostridioides difficile* (C. diff)
- B. After removing gloves following a routine venipuncture
- C. Before donning new gloves for the next patient
- D. After performing a capillary puncture on a fingertip

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4. During a blood draw, a phlebotomist sustains a needlestick injury from a needle used on an HIV-positive patient. Which action should she take FIRST?

- A. Immediately wash the wound thoroughly with soap and water
- B. Seek post-exposure prophylaxis (PEP) medication
- C. Report the incident to the infection control officer
- D. Complete an incident report form

5. A phlebotomist notices the sharps container in the patient's room is filled to the maximum-fill line. What is the correct course of action?

- A. Continue using the container since the line is a guideline, not a hard limit
- B. Press the contents down to create more space, then close the lid
- C. Transfer some needles to a red biohazard bag to free up space
- D. Seal the container and request a replacement before continuing procedures

6. Under OSHA's Bloodborne Pathogens Standard, an employer is required to offer the hepatitis B vaccine series to which category of workers?

- A. All new hires within the first 90 days of employment, regardless of exposure risk
- B. Employees who request it regardless of job duties
- C. All employees who have occupational exposure to blood or other potentially infectious materials (OPIM)
- D. Only employees who work in the clinical laboratory or emergency department

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7. A phlebotomist is collecting blood from a patient under Droplet Precautions for influenza. Which PPE combination is specifically indicated by Droplet Precautions when working within 3 feet of the patient?

- A. Surgical mask, gloves, and gown
- B. Gloves and gown only
- C. N95 respirator, gloves, gown, and face shield
- D. N95 respirator and gloves only

8. Which of the following is classified as 'Other Potentially Infectious Material' (OPIM) under OSHA's Bloodborne Pathogens Standard?

- A. Sweat
- B. Nasal secretions
- C. Urine with no visible blood
- D. Cerebrospinal fluid (CSF)



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9. A phlebotomist accidentally splashes blood into her eye while removing a tube from the holder. After immediately flushing the eye, she should report the exposure. Within what time frame should post-exposure evaluation and prophylaxis ideally begin to be most effective for HIV exposure?

- A. Within 2 hours, and no later than 72 hours
- B. Within 7 days
- C. Within 1 hour only — after that, PEP is contraindicated
- D. Within 24 hours

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10. A phlebotomist working in an outpatient clinic finds a used needle on the floor near a patient chair. The correct action is to pick it up using which method?

- A. Mechanical means such as forceps or a needle-retrieval device, never by hand
- B. A paper towel, then place it in a biohazard bag
- C. Gloved hand, carefully pointing the needle away from the body
- D. Gloved hand only if the safety device is already activated

11. Which of the following hand hygiene moments is performed BEFORE a clean or aseptic procedure, according to the WHO Five Moments for Hand Hygiene?

- A. After contact with the patient's surroundings
- B. After removing gloves following a venipuncture
- C. Before disposing of a used needle in a sharps container
- D. Before touching a patient's intact skin to locate a vein

12. A patient is on Airborne Precautions for pulmonary tuberculosis. Which respirator classification is the MINIMUM standard required for the phlebotomist entering the room?

- A. N99 respirator only
- B. Standard surgical mask
- C. NIOSH-approved N95 respirator (or higher)
- D. Powered air-purifying respirator (PAPR) only

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13. Under the Needlestick Safety and Prevention Act, which group is required to be involved in selecting and evaluating engineering controls such as safety-engineered needles?

- A. Department managers and hospital administration
- B. Non-managerial frontline healthcare workers who perform the exposure-prone tasks
- C. The hospital's purchasing and supply chain department
- D. Only the infection control committee members

14. A phlebotomist accidentally contaminates her outer gown with blood during a difficult draw. In what order should she remove her PPE to prevent self-contamination when leaving the room?

- A. Gown first, then gloves, then mask/respirator
- B. Gloves first, then gown, then mask/respirator
- C. Mask first, then gown, then gloves
- D. Gown and gloves simultaneously, then mask

15. A specimen bag containing a blood tube is found leaking in the pneumatic tube transport system. Who is responsible for cleaning the spill using an EPA-registered tuberculocidal disinfectant or a 1:10 bleach solution?

- A. Any trained healthcare worker following the facility's bloodborne pathogen exposure control plan
- B. Only the environmental services (housekeeping) department
- C. The laboratory technician who receives specimens
- D. The phlebotomist who sent the specimen

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16. A phlebotomist is asked to recollect a specimen from a patient in an isolation room. She puts on gloves and a gown in the hallway, then enters. Before leaving, she removes PPE inside the room. Which is the CORRECT location for donning and doffing PPE in this scenario?

- A. Don PPE outside the room; doff PPE inside the room just before exiting, then perform hand hygiene outside
- B. Don and doff PPE inside the room at the doorway
- C. Don PPE inside the room; doff PPE in the hallway
- D. Don and doff PPE in the hallway, washing hands between each step



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17. The median cubital vein is preferred for venipuncture primarily because of which anatomical characteristic?

- A. It is large, superficial, and relatively fixed with minimal tendency to roll
- B. It drains directly into the subclavian vein without tributaries
- C. It has a thicker vessel wall than the cephalic or basilic veins
- D. It lies directly adjacent to the brachial artery, allowing arterial access if needed

18. Which plasma protein is most responsible for maintaining oncotic pressure and preventing fluid from leaking into surrounding tissues?

- A. Albumin
- B. Prothrombin
- C. Immunoglobulin G
- D. Fibrinogen

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19. In the systemic circulation, blood traveling from the right ventricle first enters which vessel?

- A. Superior vena cava
- B. Pulmonary artery
- C. Pulmonary vein
- D. Aorta

20. A phlebotomist palpates the antecubital fossa and identifies a vessel on the thumb side of the arm. Which vein has most likely been located?

- A. Median cubital vein
- B. Basilic vein
- C. Brachial vein
- D. Cephalic vein

21. A patient presents with lymphedema of the left arm following a mastectomy. The right antecubital veins are sclerosed from chemotherapy. Which action is most appropriate?

- A. Proceed with the right antecubital draw because sclerosis is a lesser contraindication than lymphedema
- B. Immediately attempt a femoral venipuncture without physician order
- C. Consult the ordering physician or nursing staff for an approved alternative site before proceeding
- D. Draw from the left arm anyway since lymphedema only affects sample volume



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22. Which formed element of blood is anucleate, biconcave, and survives approximately 120 days in circulation?

- A. Erythrocyte
- B. Neutrophil
- C. Monocyte
- D. Platelet (thrombocyte)

23. During venipuncture of the basilic vein, a patient suddenly reports sharp, shooting pain radiating down the forearm to the fingers. What is the most likely explanation?

- A. The needle has inadvertently contacted the median nerve, which runs near the basilic vein
- B. The tourniquet has been left on longer than one minute
- C. The patient is experiencing a vasovagal response from anxiety
- D. Air embolism has occurred due to improper tube attachment

24. Serum differs from plasma in that serum lacks which component?

- A. Electrolytes
- B. Albumin
- C. Immunoglobulins
- D. Fibrinogen and clotting factors consumed during coagulation

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25. A phlebotomist notes that a patient's veins feel hard and cord-like along the median cubital area. This finding is most consistent with which condition?

- A. Petechiae caused by excessive tourniquet pressure
- B. Normal anatomical variation requiring no special consideration
- C. Hematoma formation from a recent successful draw
- D. Sclerosis (fibrosis) due to repeated venipuncture or thrombophlebitis

26. Platelets (thrombocytes) are derived from large precursor cells in the bone marrow called:

- A. Myeloblasts
- B. Megakaryocytes
- C. Lymphoblasts
- D. Proerythroblasts



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27. When a tourniquet is left in place longer than one minute before venipuncture, which laboratory analyte is most likely to show a falsely elevated result?

- A. Glucose
- B. Blood urea nitrogen (BUN)
- C. Total protein
- D. Sodium

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28. A phlebotomist is collecting blood from the antecubital fossa and notices the needle bevel is correctly placed but blood flow stops abruptly. Repositioning slightly restores flow. Which anatomical explanation best accounts for this pattern?

- A. The bevel has occluded against the posterior wall of the vein lumen
- B. Platelet aggregation at the puncture site has formed a temporary plug
- C. The tourniquet has caused complete arterial occlusion, halting venous return
- D. A venous valve has closed proximal to the needle tip due to retrograde pressure

29. The antecubital basilic vein is considered a third-choice site compared to the median cubital and cephalic veins. Beyond nerve proximity, which additional anatomical factor increases its risk?

- A. It lies deeper and closer to the brachial artery than the other antecubital veins
- B. It contains more valves per centimeter than either alternative, impeding flow
- C. It is the smallest vein in the antecubital fossa and collapses at low vacuum
- D. It drains into the portal system, raising contamination concerns

30. Which granulocyte is the predominant white blood cell in a healthy adult's differential count and is the first responder to bacterial infection?

- A. Eosinophil
- B. Basophil
- C. Lymphocyte
- D. Neutrophil



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Answer Key & Explanations

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1. C — Gloves only

Standard Precautions require gloves for any anticipated contact with blood or body fluids; additional PPE such as masks and gowns are added based on risk of splash or spray, not routine venipuncture.

2. B — A puncture-resistant sharps container

OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030) requires that contaminated sharps be immediately placed in a closeable, puncture-resistant, leak-proof sharps container.

3. A — After caring for a patient on Contact Precautions for *Clostridioides difficile* (C. diff)

The CDC specifies that soap and water must be used when hands are visibly soiled or after caring for patients with *C. difficile* or norovirus, because alcohol-based rubs are not effective against *C. diff* spores.

4. A — Immediately wash the wound thoroughly with soap and water

The first priority after a needlestick or sharp injury is immediate first aid — washing the wound with soap and water — before any administrative or follow-up steps are initiated.

5. D — Seal the container and request a replacement before continuing procedures

Sharps containers must be replaced when they reach the manufacturer's fill line (typically three-quarters full) to prevent overfilling, which risks needlestick injuries during disposal.

6. C — All employees who have occupational exposure to blood or other potentially infectious materials (OPIM)

29 CFR 1910.1030 requires employers to make the hepatitis B vaccine series available at no cost to all employees with occupational exposure (reasonably anticipated skin, eye, or mucous membrane contact with blood or OPIM), not just certain departments.

7. A — Surgical mask, gloves, and gown

Droplet Precautions require a surgical mask (not an N95) when within 3 feet of the patient, along with gloves and gown; an N95 is reserved for Airborne Precautions (e.g., tuberculosis, measles).

8. D — Cerebrospinal fluid (CSF)

OSHA's OPIM list includes cerebrospinal fluid, synovial, pleural, pericardial, peritoneal, and amniotic fluids; urine, sweat, and nasal secretions are not included unless they contain visible blood.

9. A — Within 2 hours, and no later than 72 hours

CDC guidelines state that HIV post-exposure prophylaxis (PEP) is ideally initiated within 2 hours of exposure and must begin within 72 hours to be considered effective; delays beyond 72 hours make PEP non-recommended.

10. A — Mechanical means such as forceps or a needle-retrieval device, never by hand

OSHA's Bloodborne Pathogens Standard prohibits recapping or handling contaminated needles by hand; mechanical means (forceps, tongs, or a scoop) must be used to pick up dropped sharps.



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11. D — Before touching a patient's intact skin to locate a vein

WHO Moment 2 specifies hand hygiene immediately before any clean or aseptic procedure (including vein palpation before venipuncture) to protect the patient from healthcare-associated infection.

12. C — NIOSH-approved N95 respirator (or higher)

CDC and OSHA require a minimum of an NIOSH-approved N95 respirator (filtering facepiece) for healthcare workers entering the room of a patient on Airborne Precautions for tuberculosis; a surgical mask is insufficient.

13. B — Non-managerial frontline healthcare workers who perform the exposure-prone tasks

The Needlestick Safety and Prevention Act (2000) amended OSHA's Bloodborne Pathogens Standard to mandate that non-managerial frontline workers who use sharps be involved in the evaluation and selection of safer needle devices.

14. B — Gloves first, then gown, then mask/respirator

CDC doffing sequence for standard PPE is: gloves (most contaminated) first, then gown, then goggles/face shield, then mask/respirator last; this sequence prevents transfer of pathogens to mucous membranes.

15. A — Any trained healthcare worker following the facility's bloodborne pathogen exposure control plan

OSHA's Bloodborne Pathogens Standard requires that all employees covered by the exposure control plan are trained to decontaminate surfaces with an appropriate disinfectant; the response is not restricted to a single department.

16. A — Don PPE outside the room; doff PPE inside the room just before exiting, then perform hand hygiene outside

CDC isolation guidance specifies that PPE is donned outside the patient room before entry, and doffed inside the room (or in the anteroom if available) before exiting, to contain pathogens and prevent corridor contamination.

17. A — It is large, superficial, and relatively fixed with minimal tendency to roll

The median cubital vein is the first-choice site because its size, superficial position, and relative immobility make it easier to anchor and puncture successfully with less patient discomfort.

18. A — Albumin

Albumin, produced by the liver, accounts for approximately 60% of plasma protein and is the chief determinant of plasma colloid osmotic (oncotic) pressure.

19. B — Pulmonary artery

The right ventricle pumps deoxygenated blood into the pulmonary artery, which carries it to the lungs; the aorta receives oxygenated blood from the left ventricle.

20. D — Cephalic vein

The cephalic vein runs along the lateral (radial/thumb) side of the antecubital fossa, while the basilic vein lies on the medial (ulnar/little-finger) side.

21. C — Consult the ordering physician or nursing staff for an approved alternative site before proceeding

Both lymphedema and sclerosed veins are contraindications requiring the phlebotomist to seek guidance rather than defaulting to a compromised site unilaterally.



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22. A — Erythrocyte

Mature erythrocytes (red blood cells) lack a nucleus and most organelles, adopt a biconcave disc shape, and have an average lifespan of about 120 days before being removed by the spleen.

23. A — The needle has inadvertently contacted the median nerve, which runs near the basilic vein

The basilic vein lies in close proximity to the medial cutaneous nerve and, in some individuals, branches of the median nerve; needle contact can produce sharp radicular pain, making this vein a higher-risk site.

24. D — Fibrinogen and clotting factors consumed during coagulation

Serum is the liquid fraction remaining after blood has clotted; the clotting process consumes fibrinogen and other coagulation factors, which are therefore absent from serum but present in plasma.

25. D — Sclerosis (fibrosis) due to repeated venipuncture or thrombophlebitis

Repeated puncture or prior inflammation causes scar tissue to form within the vein wall, making it feel hard and cord-like — a sclerosed vein should be avoided as it is difficult to access and increases the risk of failed collection.

26. B — Megakaryocytes

Megakaryocytes are giant polyploid cells in the bone marrow that shed cytoplasmic fragments to produce platelets, which are essential for primary hemostasis.

27. C — Total protein

Prolonged tourniquet application causes hemoconcentration by restricting venous outflow, which increases the concentration of large molecules like proteins that cannot leave the vascular space, leading to falsely elevated total protein results.

28. A — The bevel has occluded against the posterior wall of the vein lumen

When the needle is advanced too far or the vein collapses slightly, the bevel can press against the vessel wall and occlude flow; slight withdrawal or rotation of the needle realigns the bevel within the lumen and restores draw.

29. A — It lies deeper and closer to the brachial artery than the other antecubital veins

The basilic vein sits more medially and deeply, in closer anatomical proximity to the brachial artery and the median nerve bundle, increasing the risk of inadvertent arterial puncture or nerve injury compared with the more superficial and laterally situated alternatives.

30. D — Neutrophil

Neutrophils constitute roughly 50–70% of circulating leukocytes in healthy adults and are the primary phagocytes that arrive first at sites of acute bacterial infection via chemotaxis.



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