# CE Questions

1. Donors with type Ax blood may be mistakenly typed as O because they have which antibody on their plasma that mimics anti-A?
   - a. anti-A2
   - b. anti-I
   - c. anti-A1
   - d. anti-B

2. Molecular testing is helpful in differentiating a type O donor from a weak type A subgroup by:
   a. DNA extraction of whole blood.
   b. RNA extraction of buffy coat.
   c. molecular testing with RIA.
   d. molecular testing with DNA extraction of red blood cells.

3. The reason the results of the unit forward typing on Case Study #1 differed between the blood center and the transfusion medicine laboratory was that:
   a. the blood center technologist mistyped the unit.
   b. the manufacture of the antiserum used in the blood center was different from that in transfusion medicine.
   c. the unit was wrongly labeled.
   d. the antiserum used by the blood center had expired.

4. According to Case Study #2, the donor historical phenotype was:
   a. O pos.
   b. O neg.
   c. O weak D.
   d. Bombay.

5. After molecular analyses were performed on the donor of Case Study #2, it was concluded that the donor Rh genotype was:
   a. undetermined.
   b. R1R1.
   c. R2R2 weak D type 1.
   d. R2R2 weak D type 2.

6. The use of molecular testing to determine a donor blood type is particularly helpful when:
   a. the blood center is short-staffed.
   b. there are serological discrepancies with different types of reagent between the blood center and the transfusion medicine laboratory.
   c. automated instruments are not available for blood typing determination.
   d. none of the above.

7. When a blood type discrepancy is identified between the blood center and the transfusion medicine laboratory, the discrepancy should be reported to:
   a. AABB.
   b. JCAHO.
   c. regulatory agencies.
   d. No reporting is necessary if the discrepancy is resolved and the blood not transfused.

8. The reason(s) why many institutions are deciding to automate a transfusion service laboratory is/are:
   a. staff shortage.
   b. a desire to eliminate time-consuming processes.
   c. a desire to reduce test costs.
   d. and b.

9. Automation in the core laboratory differs from the transfusion medicine service because:
   a. the core laboratory delivers test results, as opposed to a product, as in the transfusion service.
   b. the core laboratory delivers products, as opposed to test results, as in the transfusion service.
   c. the core laboratory needs to deliver tests results faster than the transfusion service.
   d. the core laboratory has a higher volume of specimens than the transfusion service does.

10. When it comes to selecting one technology provider over another, what factor do the authors highlight as most crucial?
    a. budget
    b. workload
    c. personnel
    d. physical space

11. Why would implementation of automation in the day shift and not in the night shift be considered with caution by laboratory leaders?
    a. The turnaround time may differ from shift to shift.
    b. It could result in testing platforms with two different methodologies.
    c. The night shift personnel may not be as well trained as the day shift staff.
    d. The physician may complain.

12. The 10/30 rule means that a patient should be transfused when:
    a. the hemoglobin level is higher than 10g/dl and the hematocrit level is higher than 30%.
    b. the hemoglobin level is less than or equal to 10g/dl and the hematocrit level is less than or equal to 30%.
    c. there are 10g/dl packed RBCs for each 30% units of FFP.
    d. the hemoglobin level is less than 10g/dl and the hematocrit level is higher than 30%.

13. According to author Northover, awareness of patient blood management has increased because:
    a. blood is expensive.
    b. the problem is being perceived as a patient safety problem.
    c. the data to monitor triggers for transfusions is better than it used to be.
    d. all of the above.

14. The chance of someone suffering a TACO (transfusion-associated circulatory overload) when transfused is:
    a. 1 in 10.
    b. 1 in 1000.
    c. 1 in 100.
    d. 1 in 5.

15. According to Northover, the high risk of a transfusion reaction has given blood the reputation of being “the most dangerous drug in the hospital.”
    a. True
    b. False