Remember Everything: Flashcards & Essential Terminology for the NHA CPT Exam

Your quick-reference glossary, trick questions guide, and exam trap trainer.

Studying for **the NHA CPT exam** is not only about practice questions.
You also need to *recognize* key terms, abbreviations, and the classic "trick question" wording the exam loves to use.

This bonus gives you three tools in one place:

- A **high-yield glossary** of essential phlebotomy and lab terms
- A guide to the most common **trick question phrases** and what they really mean
- A **mini exercise** to train your brain to spot "trap" questions before you click the wrong answer

You can use this PDF on its own, or together with the interactive flashcards and full tests available in your online Study Hub.

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Glossary of High-Yield NHA CPT Terms

Aliquot
A small portion of a specimen that is transferred into another container for testing without contaminating the original sample.

Analytical phase
The phase of testing when the lab actually runs the test on the specimen.

Anemia
A condition with too few red blood cells or too little hemoglobin, often causing weakness and fatigue.

Basophil
A type of white blood cell involved in allergic reactions and inflammation.

Bevel
The slanted, sharp tip of the needle that should face up when entering the vein.

Bilirubin
A yellow pigment formed from red blood cell breakdown; some tests for it require protection from light.

Bloodborne pathogens
Microorganisms in blood that can cause disease, such as HIV or hepatitis B.

Calcium oxalate
A preservative and anticoagulant used in some lab settings to prevent clotting.

Catheterized urine specimen
Urine collection done through a catheter placed into the bladder by a trained professional.

Chain of custody
Documented tracking of a specimen from collection to testing, used for legal or forensic samples.

Chlorhexidine
A strong antiseptic often used for blood cultures or central line site cleaning.

CLSI (Clinical and Laboratory Standards Institute)
Organization that publishes many phlebotomy and laboratory practice guidelines.

Cold agglutinins
Antibodies that cause red cells to clump at low temperatures; samples must be kept warm.

Collapsed vein
A vein that closes in on itself during a draw, stopping blood flow into the tube.

Comatose patient
A patient who is unconscious and cannot respond or give verbal consent.

Contact precautions
Infection control measures used when germs spread by direct or indirect contact; usually require gown and gloves.

Critical value
A test result so abnormal that it may be life-threatening and must be reported immediately.

Crossmatch
Blood bank test that checks compatibility between donor and recipient blood before transfusion.

Culture and sensitivity (C&S)
A test that grows microorganisms from a specimen and identifies which antibiotics will kill them.

Delta check
Comparison of a current lab result to previous results from the same patient to detect possible error or sudden change.

Dermal puncture
Another term for capillary puncture; blood collection from skin capillaries instead of a vein.

Differential count
Part of a CBC that shows the percentage of each type of white blood cell.

Disinfectant
A chemical used on surfaces or equipment to kill or greatly reduce microorganisms.

Edema
Visible swelling caused by fluid in tissues; makes venipuncture sites unreliable.

Edematous
Describes tissue that is swollen with fluid.

Electrolytes
Charged particles in blood such as sodium, potassium, and chloride, measured in chemistry tests.

Erythrocyte
The medical term for a red blood cell.

Exposure incident
A specific contact with blood or potentially infectious material (for example, needlestick or splash).

Fomite
An object or surface that can carry infectious organisms, such as bed rails or doorknobs.

Gauze
Sterile cotton or fabric used to apply pressure and protect the puncture site after venipuncture.

Gauge (needle)
The size of the needle's opening; a larger number means a smaller diameter.

Glucose tolerance test (GTT)
A series of timed blood tests after the patient drinks a measured glucose solution.

Gown
Protective clothing worn over the body to prevent contamination under certain precautions.

Hazardous waste
Waste that can pose a risk to health or the environment, such as contaminated sharps or chemicals.

Heel warmer
A device used to warm an infant's heel before a heelstick to increase blood flow.

Hemoglobin
The oxygen-carrying protein inside red blood cells.

Hematocrit
The percentage of blood volume made up of red blood cells.

Hemostasis
The body's process of stopping bleeding through vessel constriction and clot formation.

Hyperglycemia
Higher-than-normal blood glucose levels.

Hypoglycemia
Lower-than-normal blood glucose levels that can cause confusion or fainting.

Immunology
Lab department that tests for antibodies and immune responses.

Inpatient
A patient who has been admitted to the hospital and stays at least one night.

Iodine
A strong antiseptic used for some skin preparations and blood culture collections.

Isopropyl alcohol
Common antiseptic (often 70%) used to clean the skin before routine venipuncture.

Ketones
Substances produced when the body breaks down fat; sometimes measured in urine or blood.

Leukocyte
The medical term for a white blood cell.

Lipemic specimen
A blood sample that looks milky or cloudy due to high fat content.

Luer adapter
Connector that allows the needle and collection device to attach securely.

Luer-lock
A screw-type connection that prevents the needle or device from easily disconnecting.

Lymphocyte
Type of white blood cell involved in immune responses and antibody production.

Microcollection container
Small plastic tube used to collect capillary blood in fingersticks or heelsticks.

Microorganism
A microscopic living organism such as a bacterium, virus, or fungus.

Midline catheter
A type of intravenous access device placed in a peripheral vein for longer-term use.

Nosocomial infection
Infection acquired in a hospital or healthcare facility.

Occupational exposure
Contact with blood or potentially infectious material that occurs while performing job duties.

Outpatient
A patient who receives care or testing but does not stay overnight in the facility.

Palpation
Using the fingers to feel for vein size, depth, and direction.

Peak level
The highest concentration of a drug in the patient's bloodstream, measured at a specific time.

Peripheral vein
A vein located away from the center of the body, commonly in the arms or hands.

Petechiae
Small red or purple spots on the skin caused by minor bleeding under the surface.

PICC line (Peripherally Inserted Central Catheter)
A long catheter inserted into a peripheral vein and advanced toward the heart for long-term IV access.

Platelet
A small cell fragment that helps form clots to stop bleeding.

Polycythemia
Condition in which the body has too many red blood cells.

Polyuria
Excessive urine output over a given period.

PPE (Personal Protective Equipment)
Clothing and equipment such as gloves, masks, and gowns used to protect workers from exposure.

Pre-analytical phase
All steps that happen before testing, such as patient preparation, collection, labeling, and transport.

Preservative
A chemical in a container that slows down or prevents changes in the specimen.

Proteinuria
The presence of abnormal amounts of protein in the urine.

Quantitative test
A test that gives a numeric value for how much of a substance is present.

Qualitative test
A test that reports whether a substance is present or absent, not how much.

Quality indicator
A measurable item used to monitor how well a process is working, such as specimen rejection rates.

Random glucose
A blood glucose measurement taken at any time, without regard to when the patient last ate.

Reference range
The set of values considered normal for a healthy person for a specific lab test.

Requisition form
The written or electronic order that tells you which tests to collect and from which patient.

Resident flora
Microorganisms that normally live on the skin or in the body without causing disease.

Sanitization
The process of cleaning equipment or surfaces to reduce the number of microorganisms.

Sepsis
A severe, body-wide response to infection that can be life-threatening.

Serology
Lab section that tests blood serum for antibodies and certain infections.

Sharps
Objects that can puncture the skin, such as needles or lancets, which must be disposed of safely.

Sharps container
Rigid, puncture-resistant container used for disposing of needles and other sharps.

Sodium fluoride
Additive that slows glycolysis to help preserve glucose levels in a blood sample.

Sodium hypochlorite
Chemical compound used in diluted form (bleach solution) to disinfect surfaces and clean blood spills.

Specimen integrity
The condition of a sample being suitable and reliable for testing.

Standard precautions
Set of infection control practices used with all patients, assuming all blood and certain body fluids are potentially infectious.

Sterile field
An area that has been prepared to be free of all microorganisms for a procedure.

Stool specimen
Sample of feces collected for testing of infection, blood, parasites, or other conditions.

Supine position
Body position where the patient lies flat on their back.

Syncope
Temporary loss of consciousness or fainting, often from decreased blood flow to the brain.

Timed specimen
Specimen collected at a specific time or at set intervals, such as drug levels or GTT samples.

Trough level
The lowest concentration of a drug in the bloodstream, usually measured just before the next dose.

Turbid specimen
A sample that looks cloudy or opaque; may indicate the presence of cells, fat, or other particles.

Universal precautions
Older term similar to standard precautions; assumes all blood and certain body fluids are potentially infectious.

Urinalysis
A series of tests performed on urine to evaluate kidney function and detect disease.

Vacutainer holder
Plastic adapter that holds the double-ended needle and collection tubes during venipuncture.

Vacuum (tube)
Negative pressure inside an evacuated tube that draws blood into the tube when the vein is entered.

Vasovagal reaction
Reflex that can cause sudden drop in heart rate and blood pressure, leading to dizziness or fainting.

Venous stasis
Slowing or pooling of blood in a vein, often caused by a tourniquet left in place too long.

Waived test
Simple lab test with a low risk of error, approved for use in many non-laboratory settings.

Warmed specimen
A sample that must be kept at body or near-body temperature from collection to testing.

Trick Question Phrases – What They Really Mean

“Which action should the technician take FIRST?”
Always choose **safety** or **patient identification** before anything else.

“Which action indicates a need for further training?”
Pick the answer that shows a **safety mistake**, **HIPAA violation**, or **wrong tube/order**.

“Which statement shows that the technician understands the instruction?”
Select the option that matches **CLSI**, **OSHA**, or **correct procedure**.

“Which action is MOST appropriate?”
Choose the safest and most **patient-centered** response.

“Which action should the technician take NEXT?”
Find the step that logically follows **after** the one described (tourniquet release → needle removal, etc.).

“What information should the technician verify PRIOR to collection?”
Two identifiers + requisition match.

“Which of the following is a violation of HIPAA?”
Pick the answer involving **improper disclosure** or **discussing patient info publicly**.

“Which action requires immediate intervention?”
Go toward **danger**, **contamination**, **incorrect labeling**, or **syncope signs**.

“Which sample should be rejected?”
Hemolyzed, unlabeled/mislabeled, wrong tube, underfilled light blue.

“Which factor can cause pre-analytical error?”
Prolonged tourniquet, hemolysis, wrong order of draw, improper storage.

“Which instruction should the technician give the patient?”
Choose the **correct prep instruction** (fasting, clean-catch, no pumping).

“Which site should the technician select?”
Median cubital unless contraindicated; avoid red flags (edema, mastectomy side, fistula).

“Which situation requires a new requisition?”
Conflicting patient information or unclear test order.

“Which vein should the technician choose LAST?”
Basilic vein (near artery/nerve).

“Which tube should the technician collect FIRST?”
Blood culture unless otherwise stated.

“Which condition requires contacting the provider?”
Critical values, unexpected findings, abnormal patient responses (syncope, confusion).

“Which action helps prevent hemolysis?”
Gentle inversion, correct gauge, letting alcohol dry.

“Which sample must be kept warm?”
Cold agglutinins.

“Which sample must be protected from light?”
Bilirubin.

“Which action helps prevent additive carryover?”
Correct order of draw.

“Which test requires a full tube?”
Light blue (sodium citrate).

“Which patient requires special positioning?”
Elderly, pediatric, anxious, or syncope-prone patients.

“Which result suggests the sample was mishandled?”
Lipemia when fasting, clots in anticoagulated tubes, or extreme delta changes.

Spot the Trick Question – 50 Questions + Answer Key

1. Which action should the technician take first when entering a patient's room?
2. Which vein should the technician select next after failing the first attempt?
3. Which action is the best way to confirm patient identity?
4. Which instruction should the technician give prior to a fasting glucose test?
5. Which action is most appropriate when a patient begins to sweat and look pale?
6. Which tube should the technician collect first for a routine venipuncture?
7. Which action should the technician take next after applying the tourniquet?
8. Which situation requires the technician to stop the procedure immediately?
9. Which action helps prevent hemolysis in a sample?
10. Which sample should be rejected by the lab?
11. Which vein should be selected last for routine venipuncture?
12. Which site should the technician avoid for a capillary draw?
13. Which action is most effective to prevent additive carryover?
14. Which test requires the tube to be completely full?
15. Which action shows the technician needs further training?
16. Which instruction is correct for a clean-catch urine test?
17. Which patient requires special positioning before drawing blood?
18. Which tube color is used for coagulation testing?
19. Which specimen must be protected from light?
20. Which symptom indicates a vasovagal reaction?
21. Which action should the technician take first if a patient refuses the test?
22. Which action demonstrates HIPAA compliance?
23. Which action is most appropriate if the requisition does not match the wristband?
24. Which sample must be kept warm after collection?
25. Which situation requires the technician to contact the provider immediately?
26. Which action should the technician take next after removing the needle?

27. Which error occurs if the tourniquet is left on for too long?

28. Which sample appears lipemic?

29. Which action should the technician take first to control excessive bleeding?

30. Which tube needs gentle inversion after collection?

31. Which action is most appropriate for an anxious patient?

32. Which situation indicates pre-analytical error?

33. Which collection requires chlorhexidine as the antiseptic?

34. Which action is correct when labeling tubes?

35. Which test is affected by pumping the fist?

36. Which circumstance requires using a butterfly needle?

37. Which instruction is correct for a 24-hour urine collection?

38. Which sample should be placed in an ice slurry?

39. Which action should the technician take next after identifying a rolling vein?

40. Which action helps prevent specimen clotting in anticoagulated tubes?

41. Which vein is least likely to cause nerve injury?

42. Which tube is used for stat chemistry tests?

43. Which action prevents light blue underfill error?

44. Which condition makes a site unsuitable for venipuncture?

45. Which action reduces aerosol formation during cap removal?

46. Which action must occur prior to entering an isolation room?

47. Which sample must be delivered immediately to the lab?

48. Which step is first in a fingerstick collection?

49. Which action is most appropriate when a patient becomes confused mid-procedure?

50. Which error requires an automatic recollect?

ANSWER KEY

1. Identify the patient — Safety

2. Try the cephalic vein — Sequence

3. Ask name + DOB; match requisition — Safety / Legal

4. "Do not eat 8–12 hours" — Patient prep

5. Stop procedure; lay patient back — Patient assessment

6. Blood culture tubes (if ordered) — Order of draw

7. Select and palpate the vein — Sequence

8. Patient says stop / severe pain — Safety

9. Gentle inversion; correct gauge — Specimen integrity

10. Unlabeled or mismatched specimen — Legal / Lab policy

11. Basilic vein — Safety

12. Center of heel — Pediatric safety

13. Follow order of draw — Additive carryover

14. Light blue — Tube/test logic

15. Recapping needles / labeling away from bedside — Safety / Legal

16. Clean area and collect midstream — Procedure

17. Syncope-prone / elderly / pediatric — Patient assessment

18. Light blue tube — Tube/test logic

19. Bilirubin — Specimen handling

20. Dizziness, sweating, pallor — Patient assessment

21. Stop → document → notify — Legal / Consent

22. Protecting PHI, speaking privately — HIPAA

23. Do not draw; fix mismatch — Legal

24. Cold agglutinins — Specimen handling

25. Critical values / severe symptoms — Clinical reasoning

26. Activate safety and apply pressure — Sequence / Safety

27. Hemoconcentration — Pre-analytical error

28. Milky/cloudy sample — Specimen integrity

29. Apply firm pressure — Safety

30. Lavender, green, gray tubes — Tube/test logic

31. Explain steps; calm communication — Patient care

32. Wrong tube / hemolysis / long tourniquet — Pre-analytical error

33. Blood cultures — Procedure

34. Label at bedside with identifiers — Legal / Safety

35. Potassium test — Physiology

36. Fragile/small veins — Patient assessment

37. Discard first urine; collect all for 24h — Procedure

38. Lactic acid — Specimen handling

39. Re-anchor or choose new vein — Technique / Safety

40. Immediate gentle inversion — Specimen integrity

41. Median cubital — Safety

42. Green tube — Tube/test logic

43. Keep needle fully in vein until filled — Technique

44. Edema, hematoma, fistula, mastectomy side — Patient safety

45. Use gauze over cap — Safety

46. Apply required PPE — Infection control

47. STAT specimens — Priority

48. Warm the site — Procedure

49. Stop; reassess; ensure understanding — Safety

50. Wrong patient / wrong tube / underfilled citrate — Lab policy