Clinical Laboratory Hematology 2nd Edition McKenzie Test Bank

TIPLE CHOICE. Choose the o	one alternative that b	est completes the staten	nent or answers the quest	tion.
1) Which two populations acc	count for the greatest	difference in reference ir	ntervals?	1)
A) Whites and blacks		B) Adults and 12-y		
C) Newborns and adults	i	D) Newborns and 1	2-year-olds	
Answer: C				
2) What component of place	acciete in the transp	ort of hilimphin?		2)
 What component of plasma A) Enzymes 	B) Calcium	C) Hydrogen	D) Albumin	2)
Answer: D	b) calcium	C) Hydrogen	D) Mballin	
Thiower. D				
3) When bilirubin is increased	l above the reference	range, what disease prod	cess should be suspected	3)
if liver disease is ruled out		ů í	•	
A) Hormone imbalance		B) Increased metab	olism of hemoglobin	
C) Decreased albumin		D) Increased osmot	ic pressure	
Answer: B				
(1) Millich of the fellowing one		(arrather a cast a c		4)
4) Which of the following can A) Dehydration	B) Neutropenia	C) Blood loss	D) Infection	4)
Answer: C	D) Neutroperna	C) DIOOU 1055	D) infection	
Allswei. C				
5) Platelets and coagulation p	roteins are circulating	g components responsibl	le for what process?	5)
A) Hemostasis	c.	B) Hemolysis	1	,
C) Immune defense		D) Normal cell prod	duction	
Answer: A				
6) The focus of a clinical path	way is on changing st	tructure and processes to	achieve what goal?	6)
A) Provide better patient		ľ	0	,
B) Provide assistance in	difficult diagnostic ca	ases		
C) Develop better comm	unication among the	health care team		
D) Decrease laboratory t	est utilization			
Answer: A				
7) Under Medicare for labora	tory testing what cod	les are used for hilling n	urposes?	7)
A) Capitated payment p	, 0	B) Fee for service	urposes.	,,
C) Current procedural te		D) Prospective pay	ment service	
Answer: C		2)1100peedro pu).		
8) Under a capitated paymen				8)
A) Health care organizat	ions	B) The consumer of	r patient	
C) Physicians groups Answer: D		D) The insurer		
Allswel. D				
9) Under managed cost plans	, laboratory services r	nust be considered as wi	hat?	9)
A) A reimbursement sou	•	B) A cost		
C) A managed resource		D) A source of reve	nue	
Answer: C				
10) The second sector (11, 11,	1 (1 ¹	lana in tha		10)
10) The predominant blood let	•		D) I manha anta	10)
A) Neutrophil. Answer: D	B) Eosinophil.	C) Monocyte.	D) Lymphocyte.	
Allswel, D				

11) The cellular component of A) Hemoglobin.Answer: B		n hemostasis is: C) Leukocyte.	D) Erythrocyte.	11)
12) The protein found in eryt A) Albumin. C) Gamma globulin. Answer: D	hrocytes that is responsi	ble for oxygen transport is: B) Oxygen protein. D) Hemoglobin.		12)
13) Which of the following is A) Albumin Answer: A			D) Platelets	13)
14) The liquid portion of anti A) Whole blood. C) Plasma. Answer: C	coagulated blood is calle	ed: B) Serum. D) None of the above.		14)
15) What percentage of the to A) 45 Answer: A	otal blood volume is com B) 10	prised of formed elements? C) 100	D) 55	15)
C) A value that is above		a single analyte.		16)
17) Payment for health care sA) Fee for services.C) Capitated pay.Answer: B	ervices under Medicare i	is based on: B) PPS. D) None of the above.		17)
18) In disease management, tA) Critical pathway.C) Patient-focused appAnswer: D		ines" is synonymous with: B) Managed care. D) Clinical pathway.		18)
B) Order reflex tests C) Correlate lab results	s with appropriate diseas	se states		19)
20) Which of the following is A) Hemoglobin = 17.0 C) PLT count = 100 × 1 Answer: A	g/dL	newborn? B) WBC count = 2 × 10% D) RBC count = 3.50 × 10		20)

21) Which of the following blood cell components would be most influenced in a patient with

ton sillitis?

	A) Erythrocyte Answer: B	B) Leukocyte	C) Thrombocyte	D) Hemoglobin	
22)	Which of the following	formed elements could	result in hypoxia if decreas	ed?	22) _
	A) Platelets		B) Erythrocytes		
	C) Leukocytes		D) None of the above		
	Answer: B				
	_		od vessel walls into surrour	nding tissues to defend	23) _
	the body against invadi	ing foreign antigens?			
	A) Leukocytes		B) Platelets		
	C) Red blood cells Answer: A		D) Gamma globulin		
	Which of the following destruction?	blood constituents is as	sociated with increased red	blood cell	24) _
		on	B) Albumin		
	A) Blood urea nitrog		B) Albumin		
	C) Immunoglobulins Answer: D	•	D) Bilirubin		
25)	All of the following mu	st be taken into conside	ration when establishing a ı	reference interval for a	25)
	group of individuals ex		0		/ =
	A) Occupations of th	-	B) The geographic are	ea.	
	C) Age of the popula		D) Sex of the populat		
	Answer: A		-) F . F		
	A) Amount of reimbB) Type of health carC) Entity controlling	ursement e providers who can pa	•	?	26) _
27)			l pathway and the critical p	oathway?	27) _
	A) Nothing; they areB) Critical pathwaysthe laboratory tea	are developed by the pl	hysicians and clinical pathw	vays are developed by	
	C) Physicians are rei		sed on the clinical pathway al pathway.	used while the	
	D) The clinical pathw		ethod of diagnosis and trea	tment, whereas a	
	Answer: D				
28)			rom an abnormal prothrom	bin time?	28) _
	A) Hemoglobin anal	ysis	B) Measurement of al	lbumin	
	C) Complete blood c		D) Molecular analysis	s of clotting factors	
	Answer: D			-	
29)	Which of the following	could be reflexed from	an abnormal RBC count?		29) _
	A) WBC count		B) Prothrombin time		
	C) Reticulocyte coun	t	D) Blood urea nitroge	en	
	Which of the following A) WBC count		B) Prothrombin time	en	

SHORT ANSWER. Write the word or phrase that best completes each statement	-	
30) Explain how a reference interval is determined. Answer: A reference interval for a given region is determined by calculating group of "normal healthy" individuals. Conditions that must be conclude physiologic differences in a given population as well as the area. Once the mean has been determined, a calculation to determined deviation must be done. The range is calculated by taking the mean standard deviations above and below the mean value.	considered he geographic nine the standard)
31) Name three blood analytes that show significantly different results in adul and infants.	lts, children, 31)
Answer: Hemoglobin is higher in infants and children than in adults. WBC higher in infants than in children and adults. Differential results children (inverted ratio of lymphs: neutrophils) than in infants ar	are different in	
32) Explain how the hemostatic pathway is activated in times of need.	32)
Answer: Traumatic events to body tissue stimulate the activation of repair a result of both external and internal stimuli, the hemostatic path activated in stages called primary, secondary hemostasis and fibr	mechanisms. As way becomes	/
33) List five ways to optimize laboratory test utilization to improve patient ou	tcomes. 33)
Answer: Five ways to optimize laboratory test utilization include: Develop		/
pathways, managing the test ordering system, instituting sequen	•	
protocols, eliminating incorrect use of tests, and designing wellne	ess panels.	
34) Give two reasons for transfusing leukoreduced, irradiated, packed red blo Answer: Reasons for transfusing leukoreduced packed red blood cells are risk of febrile nonhemolytic transfusion reactions, to decrease risl sensitization, and to decrease the risk of CMV transmission. Irrad reduce the risk of graft-versus-host disease.	: to decrease the k of HLA)
MULTIPLE CHOICE. Choose the one alternative that best completes the stateme	ent or answers the q	uestion.
35) Protein synthesis occurs predominantly in the:		35)
A) Lysosome. B) Cell C) Nucleus. membrane. Answer: D	D) Cytosol.	
36) The plasma membrane of blood cells is characterized by which of the follo	wing?	36)
 A) The hydrophilic ends of the phospholipids directed toward the insid B) The absence of peripheral proteins C) Carbohydrate components (of glycolipids, glycoproteins) embeddeded D) The asymmetric distribution of the phospholipids Answer: D 	e of the lipid bilayer	
37) Which phospholipids are found predominantly in the outer layer of the lip	oid bilaver?	37)
A) Phosphatidylethanolamine and phosphatidylserine	j	- /
B) Phosphatidylserine and sphingomyelin		
C) Phosphatidylcholine and sphingomyelin		
D) Phosphatidylethanolamine and phosphatidylcholine		
Answer: C		

38) In which phase of the cel A) The S phase Answer: C	l cycle is a cell quiescent? B) The R phase	C) The G0 phase	D) The G1 phase	38)
39) The point in the cell cycle synthesis is:	e after which cell division	is complete but before the	e next round of DNA	39)
A) The G0 phase. Answer: B	B) The G1 phase.	C) The G2 phase.	D) The R phase.	
40) In order to maintain A) Tumor suppression C) Homeostasis; apopt Answer: C	; apoptosis	iated blood cells undergo B) Cell regeneration; n D) Cell cycle division; :	ecrosis	40)
41) All of the following are p A) TNF-alpha. Answer: B	romoters of apoptosis exc B) BCL-2.	cept: C) Fas Ligand.	D) Caspases.	41)
B) Selection of approp C) Differentiation (div	human development in a gital webs of the hands an riate T and B lymphocyte ergence) of mast cells and ood vessels and the gastro	d feet. clones. basophils.		42)
C) Progression of acute	maturation. Is and eosinophils after a	n inflammatory response.		43)
44) Which cytoplasmic orgar A) Ribosomes C) Smooth endoplasm Answer: C		nthesis? B) Golgi apparatus D) Mitochondria		44)
45) Which phospholipids are A) PS and SM Answer: B	e predominantly found in B) PE and PS	the inner layer of the lipio C) PE and PC	d bilayer? D) PC and SM	45)
46) In which phase of mitosis A) Prophase C) Interphase Answer: D	s do the chromosomes alig	gn on opposite poles of th B) Metaphase D) Anaphase and telop		46)
47) The (R) restriction point o A) G ₁ Answer: A	occurs during what phase B) G ₂	in the cell cycle? C) S	D) M	47)
(19) If an anomian fails to re-		in aveceive anontosis v	-lei ale a fith a	fall avving

48) If an organism fails to regulate apoptosis, resulting in excessive apoptosis, which of the following

şht t?				
A) Carcinoma C) Neurodegenera Answer: C	ative disorder	B) Lymphoma D) Autoimmune c	disorder	
49) The sections of a gen A) UTRs.	e which contain the coding B) Nucleosomes.	-	protein product are: D) Exons.	49) _
Answer: D				
50) Which of the followi	ng influences the stability o	f the mRNA and the ef	ficiency of translation?	50) _
A) Introns		B) Exons		
C) Single-nucleotic Answer: D	de polymorphisms	D) Untranslated r	egions	
51) To be considered a tr	rue polymorphism, a SNP n	nust occur with a frequ	ency of:	51)
A) >5%	B) >1%	C) >10%	D) >25%	, -
Answer: B				
	al proteins can be eliminate	d from the body by tag	ging them with	52) _
and sending them to			1	
A) Cyclins; necros C) Ubiquitin; prot		B) CDKs; apoptos D) Caspase; apop		
Answer: C		D) Caspase, apop		
53) Which cyclin compo	nent is predominant in the	G1 phase of the cell cyc	le?	53) _
A) Cyclin B1 Answer: C	B) Cyclin A	C) Cyclin D	D) Cyclin E	
54) What protein is resp cycle?	onsible for activating phosp	phorylation of all kinase	es involved in the cell	54) _
A) Cdk inhibitor Answer: B	B) CAK	C) Cdk	D) Cyclin	
55) Predict the effect of J	o16 on the cell cycle of divic	ling cells.		55) _
-	ne cell cycle progression	B) Decreased cell		
C) Initiate apoptos Answer: B	315	D) Increased cell of	cycle progression	
_	would detection of unrepli			56) _
A) G1 checkpoint		B) Metaphase che	1	
C) S phase checkp Answer: D	oint	D) G2/M checkpo	int	
	otein is present in all stages	of the cell cycle but ha	s varying degrees of	57) _
57) Which regulatory pre	tivation) from phase to phas		D)	
phosphorylation (act		(1) C (1) D	D) p21	
	B) Rb protein	C) Cyclin D	, I	

	p53. m an inflammatory respons appropriate caspases at tim		
Answer: D			
59) Exposure to radiat A) Common pat C) Intrinsic path Answer: C	hway	n of which caspase pathway? B) Extrinsic pathway D) None of the above	59)
A) The pathway B) The pathway C) The pathway	of the Bax:Bcl-2 complex on will be activated and then is activated by Bax: Bcl-2. is not affected by Bax: Bcl- is inhibited by Bax: Bcl-2.	inhibited by Bax:Bcl-2.	60)
61) Which of the follow	wing are apoptosis activate	rs?	61)
	B) Bcl-XL	C) BCL-2 D) M	Icl-1
Answer: A			
	result from which of the fol rrence of apoptosis optosis	lowing? B) Accelerated apoptosis D) None of the above	62)
Answer: C			
63) Clearance of cytoto A) Inhibited apo C) Accelerated a Answer: C	-	e response results from: B) Normal occurrence of apop D) None of the above.	63)
A) Proteins thatB) Proteins thatC) Growth factor		eceptors.	64)
65) UTRs constitute w	hich segments of mRNA?		65)
A) Heteronuclea	<u> </u>	B) Exons	
C) 3' and 5' ends Answer: C		D) Introns	
66) Disposal of damag A) Lysosome C) Molecular ch Answer: B	-	s carried out by which cell component B) Ubiquitin/proteosome syst D) Caspase/apoptosis system	
67) Cdk or kinase mus stage?	at be complexed with what	molecule to drive one cell to the next	cell-cycle 67)
A) DNA		B) Cyclin	
C) Phosphoryla	ting enzymes	D) mRNA	

Answer: B

	68) Which two proteins are critical for the effective function of the G1 checkpoint?A) P53 and RbB) Cyclin EC) P21 and p57D) Cdk4 and Answer: A	68) Cdk6
	 69) What feature distinguishes necrosis from apoptosis? A) Necrosis induces inflammation. B) Necrosis results in nuclear fragments of 185 base pairs. C) Necrosis requires ATP. D) Necrosis is characterized by cellular shrinkage and chromatin condensation. Answer: A 	69)
SHO	TANSWER. Write the word or phrase that best completes each statement or answers the qu	uestion.
		70)
	71) List three ways in which the caspase pathway can be activated. Explain the role of each, and also indicate which arm of the caspase pathway will be activated. Answer: The extrinsic pathway of apoptosis is triggered by extracellular "death" signals (TNF, Fas Ligand, and CD95). The intrinsic pathway of apoptosis is triggered by intracellular signals in response to stress, exposure to cytotoxic agents, and radiation.	71)
	 72) Describe the apoptotic pathway. Answer: Death receptor binding of death receptor to cell receptor → caspase recruitment → activation of initiator caspases → activation of effector caspases → cleavage of crucial cellular proteins → cell death. 	72)
	73) Explain the role of epigenetic alterations in cancer development. Answer: The most common epigenetic change in the development of cancer involves a methylation/demethylation of CpG dinucleotide bases. Cancer may involve demethylation of promoter regions of genes making them transcriptionally ready. Methylation may result in transcriptional silencing of the gene and loss of function of tumor suppressor genes. Deacetylation of key histones may result in gene silencing, which may favor growth over differentiation.	73)
	74) List the four major phospholipids found in the plasma membrane of hematopoietic cells, and explain their unique distribution.	74)

Answer: The four major phospholipids that are found in the plasma membrane are phosphatidylethanolamine (PE), phosphatidylserine (PS), phosphatidylcholine (PC), and sphingomyelin (SM). Most blood cells have an asymmetric distribution of these phospholipids, with PE and PS occurring in the inner layer and PC and SM occurring in the outer layer.

- 1) C
- 2) D
- 3) B
- 4) C
- 5) A
- 6) A
- 7) C 8) D
- 9) C
- 10) D
- 11) B
- 12) D
- 13) A
- 14) C
- 15) A
- 16) B
- 17) B
- 18) D
- 19) B
- 20) A
- 21) B
- 22) B
- 23) A
- 24) D
- 25) A
- 26) C
- 27) D
- 28) D
- 29) C
- 30) A reference interval for a given region is determined by calculating the mean for a group of "normal healthy" individuals. Conditions that must be considered include physiologic differences in a given population as well as the geographic area. Once the mean has been determined, a calculation to determine the standard deviation must be done. The range is calculated by taking the mean and 2 standard deviations above and below the mean value.
- 31) Hemoglobin is higher in infants and children than in adults. WBC counts are higher in infants than in children and adults. Differential results are different in children (inverted ratio of lymphs: neutrophils) than in infants and adults.
- 32) Traumatic events to body tissue stimulate the activation of repair mechanisms. As a result of both external and internal stimuli, the hemostatic pathway becomes activated in stages called primary, secondary hemostasis and fibrinolysis
- 33) Five ways to optimize laboratory test utilization include: Development of critical pathways, managing the test ordering system, instituting sequential testing protocols, eliminating incorrect use of tests, and designing wellness panels.
- 34) Reasons for transfusing leukoreduced packed red blood cells are: to decrease the risk of febrile nonhemolytic transfusion reactions, to decrease risk of HLA sensitization, and to decrease the risk of CMV transmission. Irradiation is used to reduce the risk of graft-versus-host disease.
- 35) D
- 36) D
- 37) C
- 38) C
- 39) B
- 40) C

- 41) B 42) C
- 43) C
- , 44) C
- 45) B
- 46) D
- 47) A
- 48) C
- 49) D
- 50) D
- 51) B
- 52) C
- 53) C
- 54) B
- 55) B
- 56) D 57) B
- 57) D
- 59) C
- 60) D
- 61) A
- 62) C
- 63) C
- 64) A
- 65) C
- 66) B
- 67) B
- 68) A
- 69) A
- 70) Rb is the protein product of the retinoblastoma susceptibility gene, which predisposes individuals to retinoblastomas and other tumors when only one functional copy is present. Rb is present all throughout the cell cycle. Phosphorylations vary with each cell-cycle phase. In its hypophosphorylated (active) state, Rb has antiproliferative effects, inhibiting cell cycling. It does this by inhibiting transcription factors required for the transcription of genes needed for cell proliferation, rendering them nonfunctional. Hyperphosphorylation, on the other hand, neutralizes (inactivates) the Rb protein, thus promoting cell cycle division. P53 acts as a molecular policeman; it monitors the integrity of the genome. It can activate and inhibit gene

expression depending on the target gene. It is activated in response to DNA breakage, and slows cell-cycle division to initiate DNA repair or apoptosis. It functions as a tumor suppressor gene, and it is the most common mutated gene in tumors.

- 71) The extrinsic pathway of apoptosis is triggered by extracellular "death" signals (TNF, Fas Ligand, and CD95). The intrinsic pathway of apoptosis is triggered by intracellular signals in response to stress, exposure to cytotoxic agents, and radiation.
- 72) Death receptor binding of death receptor to cell receptor \rightarrow caspase recruitment \rightarrow activation of initiator caspases \rightarrow activation of effector caspases \rightarrow cleavage of crucial cellular proteins \rightarrow cell death.
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