Certified Phlebotomy Technician Study Sheet

Order of draw · tube & additive reference · technique & handling facts

Free CPT sample exam: **passprofessor.com/cpt-exam-prep/**

EXAM FACTS

Item	Fact
Test	NHA Certified Phlebotomy Technician, 2025 test plan
Questions / time	100 scored + 20 pretest · 2 hours
Passing	scaled score 390 on a 200–500 scale
Scored mix	Safety and Compliance 26 · Patient Preparation 20 · Routine Blood Collections 28 · Special Collections 12 · Processing 14

ORDER OF DRAW — VENIPUNCTURE (CLSI SEQUENCE)

Order	Tube / container
1	**Blood cultures** — sterile, always first
2	**Light blue** — sodium citrate
3	**Serum tubes** — gold SST / red
4	**Green** — heparin
5	**Lavender** — EDTA
6	**Gray** — fluoride / oxalate

CAPILLARY ORDER OF DRAW — DIFFERENT SEQUENCE
Blood gases → EDTA → other additive tubes → serum.

TUBE REFERENCE

Cap color	Additive · typical tests · inversions
Light blue	sodium citrate · PT/INR, coagulation · 3–4 inversions · fill completely: 9:1 blood-to-anticoagulant ratio
Gold (SST) / Red	clot activator ± gel · chemistry panels, serology · 5 inversions (gel)
Green	heparin · stat and plasma chemistry · 8–10 inversions
Lavender	EDTA · CBC, hematology · 8–10 inversions
Gray	sodium fluoride + potassium oxalate · glucose, lactic acid · 8–10 inversions

TECHNIQUE & HANDLING REFERENCE

Item	Reference
Patient ID	verify two identifiers against the requisition and the wristband or verbal confirmation before collecting
Tourniquet	3–4 inches above the site; on for less than 1 minute (longer = hemoconcentration); released as flow is established
Vein selection	median cubital vein first, in the antecubital fossa; anchor the vein below the site
Needle	insertion angle 15–30°, bevel up; 21-gauge standard, 23-gauge winged for small veins, 25-gauge smallest (hemolysis risk rises)

© PassProfessor · passprofessor.com

Skin prep	70% isopropyl alcohol with friction; allow to air-dry (wet alcohol = stinging + hemolysis)
Mixing	additive tubes are mixed by gentle inversion, never shaken
Hemolysis causes	wet alcohol, too-small needle, forceful syringe transfer, shaking tubes, prolonged tourniquet, drawing through a hematoma
Labeling	at the bedside, in the patient's presence, after collection
Blood cultures	adult volume 8–10 mL per bottle; winged set: aerobic bottle first; syringe transfer: anaerobic first; chlorhexidine/isopropyl scrub with full dry time
Capillary collection	warm the site 3–5 minutes; heel: medial/lateral plantar surface, depth under 2.0 mm, never the posterior curve; wipe away the first drop
Blood alcohol draw	no alcohol-based antiseptic — benzalkonium chloride, aqueous chlorhexidine, or soap and water; chain of custody
Fasting	8–12 hours for glucose and lipid testing; basal-state draws are early morning
Glucose tolerance test	the fasting baseline specimen is drawn before the glucose dose; timed specimens follow at the protocol intervals
Timed levels	trough immediately before the dose; peak after the dose per drug/protocol
Serum processing	clot 30–60 minutes, then centrifuge about 10–15 minutes; separate serum/plasma from cells within 2 hours
Special handling	bilirubin: protect from light · ammonia and lactic acid: on ice (lactic acid: no tourniquet, no fist pumping)
Urine drug screen	validity temperature strip reads 90–100 °F within minutes of collection
Sharps	containers replaced at about three-quarters full; used needles are never recapped; safety device engaged immediately after withdrawal

NEVER LIST

- Never draw above an IV line.
- Never draw from an arm with a fistula or graft.
- Never draw on the mastectomy side without provider direction.
- Never recap a used needle.
- Never label tubes away from the patient.

WHAT THIS SHEET DOESN'T COVER

- Scenario application across all five test-plan domains — complications, special populations, and processing judgment.
- Blueprint-weighted scenario application in the exam's exact domain proportions.
- Timed, full-length exam simulation.
- An explanation for every answer — why the right answers are right and the wrong ones are wrong.
- A fresh set of questions on every attempt, so practice never repeats itself.

Start with free Certified Phlebotomy Technician sample questions: passprofessor.com/cpt-exam-prep/

Content anchors follow the NHA 2025 CPT test plan and CLSI-standard practice, as verified for the PassProfessor Certified Phlebotomy Technician question bank. California, Louisiana, Nevada, and Washington also require separate state phlebotomy licensure.

© PassProfessor · passprofessor.com