



# MEDICAL LABORATORY TECHNICIAN, MLT(ASCP) INTERNATIONAL MEDICAL LABORATORY TECHNICIAN, MLT(ASCP<sup>i</sup>) EXAMINATION CONTENT OUTLINE

---

Examination questions, which are related to the subtest areas outlined below, may be both theoretical and/or procedural. Theoretical questions measure skills necessary to apply knowledge, calculate results, and correlate patient results to disease states. Procedural questions measure skills necessary to perform laboratory techniques and follow quality assurance protocols. Additionally, regulatory questions are based on U.S. sources (e.g., AABB, FDA, CLIA).

**IMPORTANT NOTE ABOUT COVID-19:** FDA guidance for changes in donor eligibility during the COVID-19 pandemic are to ensure an adequate blood supply and only apply for the duration of the pandemic. Donor eligibility questions are based on pre-pandemic requirements and will not reflect temporary changes.

## **BLOOD BANKING**

(15 – 20% of total exam)

### **I. BLOOD PRODUCTS**

#### **A. Donors**

1. Qualification
2. Collection methods
3. Adverse reactions
4. Special donations (e.g., autologous)

#### **B. Processing**

1. Testing
2. Labeling

#### **C. Storage**

1. Anticoagulants/additives
2. Temperature requirements
3. Transportation
4. Properties of stored products
5. Expiration

#### **D. Blood Components**

1. Red blood cells
2. Cryoprecipitated AHF
3. Platelets
4. Plasma
5. Granulocytes
6. Leukocyte-reduced components
7. Frozen/deglycerolized red blood cells
8. Apheresis products
9. Fractionation products
10. Whole blood
11. Washed red blood cells
12. Irradiated components

#### **E. Blood Component Quality Control**

### **II. BLOOD GROUP SYSTEMS**

#### **A. Genetics**

1. Basic
2. Molecular
3. Inheritance of blood groups

#### **B. Biochemistry/Antigens**

1. ABO
2. Lewis
3. Rh
4. MNS
5. P1PK/Globoside(P)
6. Ii
7. Kell
8. Kidd
9. Duffy
10. Lutheran
11. Antigens of high prevalence
12. Antigens of low prevalence
13. Platelet-specific

#### **C. Role of Blood Groups in Transfusion**

1. Immunogenicity
2. Antigen prevalence

### **III. BLOOD GROUP IMMUNOLOGY**

#### **A. Immune Response**

1. Primary and secondary response
2. B and T cells, macrophages
3. Genetics

#### **B. Immunoglobulins**

1. Classes and subclasses
2. Structure
3. Biologic and physical properties

**C. Antigen-Antibody Interactions**

1. Principles
2. Testing
  - a. Principles
  - b. Methods

**D. Complement**

1. Classical and alternative pathway mechanisms
2. Biologic properties

**IV. PHYSIOLOGY AND PATHOPHYSIOLOGY**

**A. Physiology of Blood**

1. Circulation and blood volume
2. Composition and function of blood
  - a. Normal function
  - b. Abnormal physiology
3. Cell survival
4. Cell metabolism

**B. Hemostasis and Coagulation**

1. Coagulation factors and disorders
2. Platelet functions and disorders

**C. Hemolytic Disease of the Fetus and Newborn**

1. Pathophysiology
2. Detection
3. Treatment
4. Prevention

**D. Anemias**

1. Congenital and acquired
  - a. Pathophysiology
  - b. Detection
  - c. Treatment
2. Immune hemolytic anemias: warm, cold, drug-induced
  - a. Pathophysiology
  - b. Detection
  - c. Treatment

**E. Transplantation**

1. Solid organ
2. Hematopoietic progenitor cell (HPC)

**V. SEROLOGIC AND MOLECULAR TESTING**

**A. Routine Tests**

1. Blood grouping tests
2. Compatibility tests
  - a. Antibody detection
  - b. Crossmatch
3. Antibody identification/clinical significance
4. Direct antiglobulin testing

**B. Reagents**

1. Antiglobulin sera
2. Blood grouping sera
3. Reagent red cells

**C. Application of Special Tests and Reagents**

1. Enzymes
2. Enhancement media
3. Lectins
4. Adsorptions
5. Elutions
6. Titrations
7. Cell separations
8. ELISA
9. Molecular techniques
10. Use of thiol reagents
11. Immunofluorescence
12. Solid phase
13. Column agglutination test
14. Chloroquine diphosphate
15. EDTA glycine-acid

**D. Leukocyte/Platelet Testing**

1. Cytotoxicity
2. Platelet testing

**E. Quality Assurance**

1. Blood samples
2. Reagents
3. Test procedures

**VI. TRANSFUSION PRACTICE**

**A. Indications for Transfusion**

**B. Component Therapy**

**C. Adverse Effects of Transfusion**

1. Immunologic reactions
2. Nonimmunologic reactions
3. Transfusion-transmitted diseases

**D. Apheresis and Extracorporeal Circulation**

**E. Blood Administration and Patient Blood Management**

## **URINALYSIS AND BODY FLUIDS**

(5 – 10% of total exam)

### **I. URINALYSIS**

#### **A. Physical**

1. Color and clarity
2. Specific gravity/osmolality

#### **B. Chemical**

1. Reagent strip
2. Confirmatory tests

#### **C. Microscopic**

1. Cells
2. Casts
3. Crystals
4. Microorganisms
5. Contaminants
6. Artifacts

#### **D. Renal Physiology**

#### **E. Disease States**

### **II. BODY FLUIDS (e.g., CSF, Amniotic, Synovial, Serous, Semen, Feces)**

#### **A. Physical**

#### **B. Chemical**

#### **C. Microscopic**

#### **D. Physiology**

#### **E. Disease States**

## **CHEMISTRY**

(20 – 25% of total exam)

### **I. GENERAL CHEMISTRY**

#### **A. Carbohydrates**

1. Biochemical theory and physiology
  - a. Metabolic pathways
  - b. Normal and abnormal states
  - c. Physical and chemical properties
2. Test procedures
  - a. Principles
  - b. Special precautions, specimen collection and processing, troubleshooting, and interfering substances
  - c. Tolerance testing
  - d. Glycated proteins
3. Test result interpretation
4. Disease state correlation

### **B. Lipids**

1. Biochemical theory and physiology
  - a. Metabolic pathways
  - b. Normal and abnormal states
  - c. Physical and chemical properties
    - 1) Lipoproteins
    - 2) Phospholipids
    - 3) Triglycerides
    - 4) Cholesterol
    - 5) Apolipoproteins
2. Test procedures
  - a. Principles
  - b. Special precautions, specimen collection and processing, troubleshooting, and interfering substances
3. Test result interpretation
4. Disease state correlation

### **C. Heme Derivatives**

1. Biochemical theory and physiology
  - a. Metabolic pathways
  - b. Normal and abnormal states
  - c. Physical and chemical properties
    - 1) Hemoglobin
    - 2) Bilirubin
    - 3) Urobilinogen
    - 4) Myoglobin
2. Test procedures
  - a. Principles
  - b. Special precautions, specimen collection and processing, troubleshooting, and interfering substances
3. Test result interpretation
4. Disease state correlation

### **II. PROTEINS AND ENZYMES**

#### **A. Enzymes**

1. Biochemical theory and physiology
  - a. Metabolic pathways
  - b. Normal and abnormal states
  - c. Physical and chemical properties
    - 1) LD
    - 2) CK
    - 3) AST/ALT
    - 4) GGT
    - 5) Lipase
    - 6) Amylase

- 7) Alkaline phosphatase
- 8) Angiotensin converting enzyme
2. Test procedures
  - a. Principles
  - b. Special precautions, specimen collection and processing, troubleshooting, and interfering substances
3. Test result interpretation
4. Disease state correlation

#### **B. Proteins and Other Nitrogen-Containing Compounds**

1. Biochemical theory and physiology
  - a. Metabolic pathways
  - b. Normal and abnormal states
  - c. Physical and chemical properties
    - 1) Proteins
    - 2) Amino acids
    - 3) Urea
    - 4) Uric acid
    - 5) Creatinine
    - 6) Ammonia
    - 7) Tumor markers
    - 8) Cardiac markers
2. Test procedures
  - a. Principles
  - b. Special precautions, specimen collection and processing, troubleshooting, and interfering substances
  - c. Clearances
3. Test result interpretation
4. Disease state correlation

### **III. ACID-BASE, BLOOD GASES AND ELECTROLYTES**

#### **A. Acid-Base Determinations (Including Blood Gases)**

1. Biochemical theory and physiology
  - a. Henderson-Hasselbach equation
  - b. pH and H<sup>+</sup> ion concentration
  - c. CO<sub>2</sub> and O<sub>2</sub> transport
  - d. Normal and abnormal states
2. Test procedures
  - a. Analytical principles
  - b. Special precautions, specimen collection and processing, troubleshooting, and interfering substances

3. Test result interpretation
4. Disease state correlation

#### **B. Electrolytes**

1. Biochemical theory and physiology
  - a. Sodium, potassium, chloride, CO<sub>2</sub>, bicarbonate
  - b. Calcium, magnesium, phosphorus, iron, TIBC
  - c. Trace elements
  - d. Normal and abnormal states
2. Test procedures
  - a. Principles
  - b. Special precautions, specimen collection and processing, troubleshooting, and interfering substances
3. Calculations (osmolality, anion gap)
4. Test result interpretation
5. Disease state correlation

### **IV. SPECIAL CHEMISTRY**

#### **A. Endocrinology**

1. Biochemical theory and physiology
  - a. Metabolic pathways
  - b. Normal and abnormal states
  - c. Mechanism of action
  - d. Physical and chemical properties
    - 1) Steroid hormones (e.g., cortisol, estrogen, hCG)
    - 2) Peptide hormones (e.g., insulin, prolactin)
    - 3) Thyroid hormones
    - 4) Catecholamines
2. Test procedures
  - a. Principles
    - 1) Fluorescence
    - 2) Immunoassay
  - b. Special precautions, specimen collection and processing, troubleshooting, and interfering substances
  - c. Stimulation/suppression tests
3. Test result interpretation
4. Disease state correlation

#### **B. Vitamins and Nutrition**

1. Biochemical theory and physiology
  - a. Metabolism and action
  - b. Normal and abnormal states

- c. Properties
- 2. Test procedures
  - a. Principles
  - b. Special precautions, specimen collection and processing, troubleshooting, and interfering substances
- 3. Test result interpretation
- 4. Disease state correlation
- C. Therapeutic Drug Monitoring**
  - 1. Pharmacokinetics
    - a. Therapeutic states
    - b. Toxic states
    - c. Metabolism and excretion
  - 2. Chemical and physical properties
    - a. Aminoglycosides (e.g., gentamicin)
    - b. Cardioactive (e.g., digoxin)
    - c. Anticonvulsants (e.g., phenobarbital)
    - d. Antidepressants (e.g., lithium)
    - e. Immunosuppressants (e.g., tacrolimus)
  - 3. Test procedures
    - a. Principles
      - 1) Immunoassay
    - b. Special precautions, specimen collection and processing, troubleshooting, and interfering substances
  - 4. Test result interpretation
  - 5. Disease state correlation
- D. Toxicology**
  - 1. Toxicokinetics
    - a. Toxic effects, signs and symptoms
    - b. Metabolism and excretion
  - 2. Chemical and physical properties
    - a. Alcohols
    - b. Heavy metals (e.g., lead)
    - c. Analgesics (e.g., acetaminophen)
    - d. Drugs of abuse
  - 3. Test procedures
    - a. Principles
      - 1) Immunoassay
      - 2) Enzymatic methods
    - b. Special precautions, specimen collection and processing, troubleshooting, and interfering substances
  - 4. Test result interpretation
  - 5. Disease state correlation

## **HEMATOLOGY**

**(20 – 25% of total exam)**

- I. HEMATOLOGY PHYSIOLOGY (to include blood, body fluids, and bone marrow)**
  - A. Production
  - B. Destruction
  - C. Function
- II. HEMATOLOGY DISEASE STATES**
  - A. Erythrocytes**
    - 1. Anemia
      - a. Microcytic
        - 1) Iron deficiency
        - 2) Thalassemia
        - 3) Sideroblastic
        - 4) Chronic inflammation
      - b. Normocytic
        - 1) Hereditary hemolytic
        - 2) Acquired hemolytic
        - 3) Hypoproliferative
        - 4) Acute hemorrhage
      - c. Macrocytic
        - 1) Megaloblastic
        - 2) Non-megaloblastic
      - d. Hemoglobinopathies
    - 2. Erythrocytosis
      - a. Relative
      - b. Absolute
  - B. Leukocytes (WHO classification)**
    - 1. Benign leukocyte disorders
      - a. Myeloid
      - b. Lymphoid
    - 2. Myeloid neoplasia
      - a. Acute leukemia
      - b. Myelodysplastic syndromes
      - c. Myeloproliferative neoplasms
    - 3. Lymphoid neoplasia
      - a. Acute leukemia
      - b. Chronic leukemia/lymphoma
      - c. Plasma cell dyscrasias
    - 4. Hereditary anomalies
  - C. Platelets**
    - 1. Quantitative abnormalities
      - a. Thrombocytopenia
        - 1) Increased destruction (e.g., ITP, TTP, HIT)
        - 2) Decreased production

- 3) Pseudothrombocytopenia
  - b. Thrombocytosis
2. Qualitative defects
  - a. von Willebrand disease
  - b. Bernard-Soulier syndrome
  - c. Glanzmann thrombasthenia

### III. HEMATOLOGY LABORATORY TESTING

#### A. Cell Counts (to include blood and body fluids)

1. Manual
2. Automated
3. Reticulocytes
4. Spurious results

#### B. Differentials and Morphology Evaluation (to include blood and body fluids)

#### C. Hemoglobin

1. Quantitative
2. Qualitative
  - a. Electrophoresis
  - b. Sickle solubility

#### D. Hematocrit

#### E. Indices

#### F. Hemolytic Indicators (e.g., haptoglobin, LD)

#### G. Special Stains

1. Esterase
2. Myeloperoxidase
3. Prussian blue
4. Kleihauer-Betke

#### H. Other Studies

1. ESR
2. G-6-PD
3. Heinz body

#### I. Flow Cytometry Immunophenotyping

1. Leukemia
2. Lymphoma
3. Lymphocyte subsets
4. PNH

#### J. Molecular and Cytogenetic Testing

1. Recurring cytogenetic abnormalities (WHO classification)
2. *BCR/ABL1*
3. *JAK2*

### IV. HEMOSTASIS

#### A. Physiology

1. Coagulation pathways
2. Fibrinolytic pathway
3. Vascular system

#### B. Disease States

1. Coagulation factor deficiencies
  - a. Acquired
  - b. Hereditary
2. Fibrinolytic system
3. Hypercoagulable states
4. DIC

#### C. Laboratory Determinations

1. PT/INR
2. APTT
3. Fibrinogen
4. D-dimer
5. Thrombin time
6. Mixing studies
7. Platelet function (e.g., PFA)
8. Hypercoagulability assessment
  - a. Assays (e.g., protein S, protein C)
  - b. Molecular (e.g., factor V Leiden, prothrombin 20210)
9. Anti-Xa

## IMMUNOLOGY

(5 – 10% of total exam)

### I. PRINCIPLES OF IMMUNOLOGY

#### A. Immune System Physiology

1. Primary and secondary response
2. B and T cells, macrophages
3. Genetics

#### B. Immunoglobulins

1. Classes and subclasses
2. Structure
3. Biologic and physical properties

#### C. Antigen-Antibody Interactions

1. Principles
2. Testing
  - a. Principles
  - b. Methods

#### D. Complement

1. Classical and alternative pathway mechanisms
2. Biologic properties

### II. DISEASES OF THE IMMUNE SYSTEM

#### A. Autoimmunity

1. Systemic (e.g., SLE)
2. Organ-specific (e.g., Graves disease)

## B. Hypersensitivity

1. I, II, III, IV

## C. Immunoproliferative Diseases

1. Monoclonal gammopathies (e.g., plasma cell myeloma, Waldenström macroglobulinemia)

## D. Immunodeficiency

1. Hereditary (e.g., SCID)
2. Acquired (e.g., HIV)

## III. TRANSPLANTATION

- A. Graft-versus-host Disease
- B. HLA Typing
- C. Tumor Immunology

## IV. INFECTIOUS DISEASE SEROLOGY

- A. Clinical Significance and Epidemiology of Viral Pathogens (e.g., hepatitis [A, B, C], EBV, HIV, CMV, rubella, measles)

## V. SEROLOGIC PROCEDURES

- A. ANA
- B. Thyroid Antibodies
- C. Rheumatoid Factor
- D. Labeled Immunoassays (e.g., ELISA)
- E. Nontreponemal Syphilis Testing (e.g., RPR)
- F. Treponemal Syphilis Testing (e.g., MHATP)
- G. Immunofluorescence

## VI. TEST RESULTS

- A. Interpretation
- B. Confirmatory Testing
- C. Disease State Correlation

## **MICROBIOLOGY**

(15 – 20% of total exam)

### I. PREANALYTIC PROCEDURES

#### A. Specimen Collection and Transport

1. Patient identification and specimen labeling
2. Specimen collection
3. Specimen transport systems and conditions for all organisms

#### B. Specimen Processing

1. Specimen prioritization and rejection criteria
2. Biosafety cabinet and personal protective equipment

3. Specimen preparation methods and applications

#### 4. Media

5. Inoculation of media

6. Incubation conditions (e.g., temperature, atmosphere, duration)

7. Preparation methods for slides used for stains

### C. Stains: Procedure, Principle, and Interpretation

1. Gram

2. Acid-fast

### D. Stains: Procedure and Principle

1. Modified acid-fast

2. KOH and calcofluor-white

3. Trichrome

4. Giemsa

5. Acridine orange

## II. ANALYTIC PROCEDURES FOR BACTERIOLOGY

### A. Blood and Bone Marrow

1. Specimen sources (e.g., peripheral, intravenous catheters)
2. Continuous-monitoring systems
3. Rapid identification/resistance detection methods
4. Species comprising skin flora and clinical significance
5. Colony morphology and identification of major pathogens (e.g., *Staphylococcus aureus*, other *Staphylococcus* spp. including coagulase-negative staphylococci, beta-hemolytic streptococci, *Enterococcus* spp., *Candida* spp., *Streptococcus pneumoniae*, *Acinetobacter baumannii*, *Enterobacteriaceae*, *Pseudomonas* spp.)
6. Common agents of endocarditis
7. Agents of bone marrow infection (e.g., *Brucella* spp., *Salmonella* spp.)
8. Organism pathogenicity (e.g., etiology, transmission)

### B. Cerebrospinal Fluid

1. Specimen sources (e.g., lumbar puncture, shunt, reservoir)
2. Colony morphology and identification of major pathogens associated with acute meningitis (e.g., *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Neisseria meningitidis*, *Escherichia coli*, *Listeria*



*monocytogenes*, *Enterobacteriaceae*,  
*Staphylococcus aureus*, beta-hemolytic  
streptococci)

3. Common agents of shunt infections (e.g., other *Staphylococcus* spp. including coagulase-negative staphylococci, *Corynebacterium* spp., *Propionibacterium* spp., *Cutibacterium* spp.)
4. Correlation with other laboratory results (e.g., glucose, protein, cell count)
5. Direct detection and molecular methods
6. Organism pathogenicity (e.g., etiology, transmission)

#### C. Body Fluids from Normally Sterile Sites

1. Specimen sources (e.g., pleural, peritoneal, pericardial, vitreous and aqueous humor, synovial, amniotic)
2. Indigenous organisms associated with mucosal surfaces and skin
3. Colony morphology and identification of major pathogens (e.g., *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Neisseria* spp., *Escherichia coli*, *Listeria monocytogenes*, *Enterobacteriaceae*, *Staphylococcus aureus*, beta-hemolytic streptococci, *Enterococcus* spp., *Pseudomonas aeruginosa*, *Acinetobacter* spp., *Clostridium perfringens*, *Bacteroides fragilis* group)
4. Molecular methods
5. Organism pathogenicity (e.g., etiology, transmission)

#### D. Lower Respiratory

1. Specimen sources (e.g., sputum, endotracheal aspirate, bronchoalveolar lavage, bronchial wash, bronchial brush)
2. Significance of quantitative and semi-quantitative reporting of results
3. Species comprising oral flora colony and Gram stain morphology
4. Colony morphology and identification of major pathogens
5. Direct detection and molecular methods (e.g., *Streptococcus pyogenes*, *Bordetella pertussis*)
6. Organism pathogenicity (e.g., etiology, transmission)

#### E. Upper Respiratory

1. Specimen sources (e.g., throat, nasopharynx, middle ear, sinus)
2. Indigenous flora colony and Gram stain morphology
3. Colony morphology and identification of major pathogens
4. Direct detection and molecular methods (e.g., *Streptococcus pyogenes*, *Bordetella pertussis*)
5. Organism pathogenicity (e.g., etiology, transmission)

#### F. Gastrointestinal

1. Colony morphology and identification of major pathogens (e.g., *Salmonella* spp., *Shigella* spp., toxigenic *Escherichia coli*, *Campylobacter* spp., *Vibrio* spp., *Yersinia enterocolitica*, *Aeromonas* spp., *Plesiomonas shigelloides*)
2. Direct detection and molecular methods (e.g., *Clostridioides difficile*, Shiga toxin)
3. Serotyping of *Escherichia coli*, *Salmonella* spp., and *Shigella* spp.
4. Organism pathogenicity (e.g., etiology, transmission, virulence mechanisms)

#### G. Skin, Soft Tissue, and Bone

1. Specimen sources (e.g., wound, abscess, biopsy)
2. Indigenous flora colony and Gram stain morphology
3. Colony morphology and identification of major pathogens
4. Organism pathogenicity (e.g., etiology, transmission)

#### H. Genital Tract

1. Specimen sources (e.g., vaginal, cervical, urethral, endocervical)
2. Indigenous organisms colony and Gram stain morphology
3. Methods for detection of pathogens associated with vaginitis (e.g., *Trichomonas vaginalis*, *Candida* spp., bacterial vaginosis)
4. Culture and/or molecular detection (e.g., *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, *Streptococcus agalactiae*, and *Mycoplasma* spp.)
5. Organism pathogenicity (e.g., etiology, transmission)

## I. Urine

1. Specimen sources (e.g., mid-stream clean-catch, catheterized, suprapubic, nephrostomy)
2. Colony morphology and identification of major urinary pathogens (e.g., *Enterobacteriaceae*, *Enterococcus* spp., *Streptococcus agalactiae*, *Candida* spp., *Staphylococcus saprophyticus*)
3. Correlation of colony counts with clinical significance
4. Correlation of culture with urinalysis results

## J. Identification Methods (Theory, Interpretation, and Application)

1. Colony morphology
2. Rapid tests used for presumptive identification (e.g., coagulase, catalase, oxidase, indole, PYR)
3. Conventional biochemical identification (e.g., X and V factors, *Neisseria* carbohydrate utilization)
4. Commercial kits
5. Automated methods
6. MALDI-TOF MS
7. Multiplex molecular methods

## K. Antimicrobial Susceptibility Testing and Antibiotic Resistance

1. Method, theory, interpretation, and application
2. Phenotypic detection of resistance (e.g., beta-lactamase, ESBL, inducible clindamycin resistance, carbapenamases)
3. Detection of genetic determinants of resistance (e.g., *mecA*, *vanA*, *bla<sub>KPC</sub>*)
4. Intrinsic resistance patterns for common species

## L. MRSA/MSSA, VRE, ESBL/CRE Screening

1. Specimen sources
2. Culture methods
3. Molecular methods

## M. BSL-3 Pathogens and Select Agents (Bioterrorism)

1. Specimen sources (e.g., blood, sputum, tissue, lymph node)
2. Colony morphology and rapid tests used for presumptive identification (e.g., *Bacillus anthracis*, *Yersinia pestis*, *Brucella* spp., *Francisella tularensis*)

3. Role of regional laboratory and Laboratory Response Network
4. Organism pathogenicity (e.g., etiology, transmission)

## III. ANALYTIC PROCEDURES FOR MYCOBACTERIOLOGY, VIROLOGY, PARASITOLOGY, AND MYCOLOGY

### A. Mycobacteriology and *Nocardia* spp.

1. Specimen sources (e.g., lower respiratory, blood, soft tissue)
2. Major pathogens and disease states (e.g., etiology, epidemiology, transmission)
3. Acid-fast reaction, colony morphology, and growth characteristics

### B. Virology

1. Specimen sources
2. Major pathogens and disease states (e.g., etiology, epidemiology, transmission)
3. Direct detection of pathogens

### C. Parasitology

1. Specimen sources (e.g., stool, respiratory, blood, tissue)
2. Major pathogens and disease states (e.g., etiology, epidemiology, transmission)
3. Microscopic identification
4. Direct and molecular detection

### D. Mycology

1. Specimen sources
2. Major pathogens and disease states (e.g., etiology, epidemiology, transmission)
3. Yeast identification (e.g., biochemical, automated methods, MALDI-TOF MS)
4. Microscopic identification of major pathogens
5. Other identification methods

## IV. POSTANALYTIC PROCEDURES

### A. Documentation Practices

### B. Urgent and Critical Value Reporting

### C. Result Review and Autoverification

### D. Issuing Corrected Reports

### E. Reporting to Infection Control/Prevention and Public Health

## **LABORATORY OPERATIONS**

(5 – 10% of total exam)

### **I. QUALITY ASSESSMENT/TROUBLESHOOTING**

- A. Preanalytical, Analytical, Postanalytical
- B. Quality Control
- C. Point-of-care Testing (POCT)
- D. Compliance
- E. Regulation (e.g., proficiency testing, competency assessment, accreditation standards)

### **II. SAFETY**

- A. Safety Programs and Practices
  1. Prevention of infection with bloodborne pathogens
  2. Use of personal protective equipment (PPE)
  3. Safe work practices
  4. Packaging and transportation of specimens and microorganisms
  5. Safety data sheets (SDS) for chemicals and reagents
- B. Emergency Procedures (e.g., needlesticks, splashes to mucous membranes, fire)

### **III. LABORATORY MATHEMATICS**

- A. Concentration, Volume, and Dilutions
- B. Molarity, Normality
- C. Standard Curves
- D. Mean, Median, Mode, and Confidence Intervals
- E. Sensitivity, Specificity, and Predictive Value

### **IV. MANUAL/AUTOMATED METHODOLOGY AND INSTRUMENTATION**

- A. Basic Laboratory Equipment
- B. Spectrophotometry and Photometry
- C. Mass Spectrometry
- D. Osmometry
- E. Electrophoresis
- F. Electrochemistry
- G. Fluorometry
- H. Nephelometry
- I. Flow Cytometry
- J. Molecular Methods
- K. Automated Microbiology Processors
- L. Hematology Instrumentation

Examples provided (as indicated by e.g.) are not limited to those listed.

All Board of Certification examinations use conventional and SI units for results and reference ranges.

**THE EXAMINEE IS EXPECTED TO KNOW THESE ADDITIONAL CALCULATIONS AND REFERENCE RANGES:  
CALCULATIONS**

- % Transferrin saturation/UIBC/TIBC
- Unconjugated/indirect bilirubin
- LDL/Friedewald equation/non-HDL
- A/G ratio
- Timed urine calculations
- Creatinine clearance calculations
- Beer's law
- Corrected WBC counts when > 10 nRBCs present
- Manual hemocytometer counts
- Red blood cell indices (e.g., MCV, MCH, MCHC)
- Absolute cell counts given the relative values (e.g., WBCs, reticulocytes)

**REFERENCE RANGES (COMBINED MALE AND FEMALE)**

**CHEMISTRY REFERENCE RANGES**

	<b><u>Conventional Units</u></b>	<b><u>SI Units</u></b>
Sodium	136 – 145 mmol/L	136 – 145 mmol/L
Potassium	3.5 – 5.1 mmol/L	3.5 – 5.1 mmol/L
Chloride	98 – 107 mmol/L	98 – 107 mmol/L
Total CO <sub>2</sub>	22 – 33 mmol/L	22 – 33 mmol/L
Creatinine	0.8 – 1.2 mg/dL	71 – 106 μmol/L
Blood urea nitrogen (BUN)	6 – 20 mg/dL	2.1 – 7.1 mmol/L
Glucose (fasting)	74 – 100 mg/dL	4.1 – 5.6 mmol/L
Hemoglobin A <sub>1c</sub>	< 5.7%	< 39 mmol/mol
Haptoglobin	30 – 200 mg/dL	0.3 – 2.0 g/L
<b>Arterial blood gases</b>		
pH	7.35 – 7.45	7.35 – 7.45
pCO <sub>2</sub>	35 – 44 mmHg	4.7 – 5.9 kPa
pO <sub>2</sub>	> 80 mmHg	> 10.6 kPa
O <sub>2</sub> saturation	> 95%	> 95%
HCO <sub>3</sub> <sup>-</sup> (bicarbonate)	23 – 29 mmol/L	23 – 29 mmol/L

**HEMATOLOGY REFERENCE RANGES**

	<b><u>Conventional Units</u></b>	<b><u>SI Units</u></b>
RBC	4.00 – 6.00 x 10 <sup>6</sup> /μL	4.00 – 6.00 x 10 <sup>12</sup> /L
HGB	12.0 – 18.0 g/dL	120 – 180 g/L
HCT	35% – 50%	0.35 – 0.50 L/L
MCV	76 – 100 fL	76 – 100 fL
MCH	26 – 34 pg	26 – 34 pg
MCHC	32 – 36 g/dL	320 – 360 g/L
RDW	11.5 – 14.5%	0.115 – 0.145
Reticulocytes (absolute)	20 – 115 x 10 <sup>3</sup> /μL	20 – 115 x 10 <sup>9</sup> /L
Reticulocytes (relative)	0.5 – 2.5%	0.005 – 0.025

nRBCs	0 nRBC/100 WBC	0 nRBC/100 WBC
Platelets	150 – 450 x 10 <sup>3</sup> /μL	150 – 450 x 10 <sup>9</sup> /L
WBC (Total)	3.6 – 10.6 x 10 <sup>3</sup> /μL	3.6 – 10.6 x 10 <sup>9</sup> /L
Neutrophils (absolute)	1.7 – 7.5 x 10 <sup>3</sup> /μL	1.7 – 7.5 x 10 <sup>9</sup> /L
Neutrophils (relative)	50 – 70%	0.50 – 0.70
Lymphocytes (absolute)	1.0 – 3.2 x 10 <sup>3</sup> /μL	1.0 – 3.2 x 10 <sup>9</sup> /L
Lymphocytes (relative)	18 – 42%	0.18 – 0.42
Monocytes (absolute)	0.1 – 1.3 x 10 <sup>3</sup> /μL	0.1 – 1.3 x 10 <sup>9</sup> /L
Monocytes (relative)	2 – 11%	0.02 – 0.11
Eosinophils (absolute)	0 – 0.3 x 10 <sup>3</sup> /μL	0 – 0.3 x 10 <sup>9</sup> /L
Eosinophils (relative)	1 – 3%	0.01 – 0.03
Basophils (absolute)	0 – 0.2 x 10 <sup>3</sup> /μL	0 – 0.2 x 10 <sup>9</sup> /L
Basophils (relative)	0 – 2%	0.00 – 0.02

#### **BODY FLUID REFERENCE RANGES**

	<b><u>Conventional Units</u></b>	<b><u>SI Units</u></b>
<b><u>Cerebrospinal Fluid (CSF)</u></b>		
WBC and RBC	0 – 5/μL	0 – 5 x 10 <sup>6</sup> /L
Glucose	50 – 80 mg/dL	2.8 – 4.4 mmol/L
Protein	15 – 45 mg/dL	150 – 450 mg/L
<b><u>Seminal Fluid</u></b>		
Volume	2 – 5 mL	2 – 5 mL
Sperm concentration	> 20 x 10 <sup>6</sup> /mL	> 20 x 10 <sup>9</sup> /L
<b><u>Urine</u></b>		
Specific gravity	1.003 – 1.035	1.003 – 1.035
pH	4.5 – 8.0	4.5 – 8.0
Protein	< 10 mg/dL, trace, or negative	< 0.1 g/L, trace, or negative
Bilirubin	negative	negative
Blood	negative	negative
Glucose	≤ 15 mg/dL or negative	≤ 0.8 mmol/L or negative
Nitrite	negative	negative
Leukocyte esterase	negative	negative
Urobilinogen	< 1.0 EU	< 17.0 μmol/L
Ketones	< 5 mg/dL or negative	< 0.5 mmol/L or negative
<b><u>Microscopic</u></b>		
RBC	0 – 3/HPF	0 – 3/HPF
WBC	0 – 8/HPF	0 – 8/HPF
Casts	0 – 2 hyaline/LPF	0 – 2 hyaline/LPF
Epithelial cells	0 – 5/HPF	0 – 5/HPF

All values on the MLT exam can be interpreted using the reference ranges above. These reference ranges will not be given on the exam. Other reference ranges will be provided as needed on the exam.

#### **END OF CONTENT GUIDELINE**