

SECTION A: MULTIPLE CHOICE QUESTIONS (20 MARKS)

- Q1. Which of the following is a lympho-morphologic change in reactive states?
- Decrease in cytoplasm relative to the nucleus
 - Increase in cytoplasm relative to the nucleus
 - Increase in nucleus relative to the cytoplasm
 - Decrease in size
- Q2. The International Normalized Ratio (INR) was developed for the purpose of
- Monitoring heparin therapy
 - Monitoring oral anticoagulant therapy
 - Screening for intrinsic clotting system abnormalities
 - Standardizing the monitoring of warfarin therapy
- Q3. Which of the following is associated with normocytic normochromic anaemia?
- Iron deficiency
 - Primaquine
 - Pregnancy
 - Sickle cell disease
- Q4. Which of the following moves furthest to the anode on cellulose acetate electrophoresis of normal haemoglobin at pH 8.6?
- Haemoglobin A
 - Haemoglobin D
 - Haemoglobin A₂
 - Haemoglobin S
- Q5. During haemostasis, prostacyclin
- Cleaves prothrombin into thrombin
 - Causes vasodilation
 - Stimulates platelet aggregation
 - Activates fibrinolysis
- Q6. Which of the following is a cause of secondary neutropaenia in adults?
- Congenital
 - Anti-hypertensive drugs
 - Part of general pancytopenia
 - Familial

- Q7. Which of the following sign is associated with anaemia?
- a) Insomnia
 - b) Palmer pallor
 - c) Fever
 - d) Angina
- Q8. According to the FAB classification, the L2 stage is characterized by:
- a) Large heterogenous blasts with prominent nucleoli
 - b) Small homogenous blasts with scanty nucleoli and higher nucleus to cytoplasm ratio
 - c) Large homogenous blasts with scanty nucleoli and higher nucleus to cytoplasm ratio
 - d) Large blasts with basophilic vacuolated cytoplasm
- Q9. In microcytic hypochromic anaemia
- a) Red cells are larger with normal staining
 - b) Red blood cell count is increased
 - c) Haemtocrit and mean corpuscular haemoglobin are normal
 - d) Red cells are smaller with a pale large central pallor
- Q10. In iron deficiency anemia there is characteristically
- a) An atrophic gastritis
 - b) A low mean corpuscular volume
 - c) A reduced total iron binding capacity
 - d) Megaloblastic changes in the bone marrow
- Q11. A laboratory finding of agranulocytosis
- a) Complete absence of peripheral blood granulocytes and their precursors in the bone marrow
 - b) Acute bacterial infections
 - c) Myeloproliferative disorders
 - d) Increased numbers of granulocytes in blood and bone marrow
- Q12. A laboratory finding of aplastic anaemia
- a) Pancytopenia
 - b) Erythrocytosis
 - c) Bone marrow hypercellularity
 - d) Reticulocytosis

- Q13. Which of the following is a vitamin K-dependent coagulation factor?.
- Thromboplastin
 - Stuart Prower factor
 - Hageman factor
 - Proaccelerin
- Q14. Which of the following is a cause of hereditary haemolytic anaemia?
- Anti-erythrocyte IgM
 - Spherocytosis
 - Henna
 - Burns
- Q15. Which of the following is a mechanism underlying antithrombin III mediated inhibition of coagulation?
- Inhibition of Christmas factor
 - Inactivation of anti-haemophilic factor
 - Inhibition of thrombin
 - Inhibition of plasmin
- Q16. Which of the following is a cause of basophilia?
- Hodgkin's disease
 - Hypothyroidism
 - Lymphoma
 - Bacterial infections
- Q17. Which of the following is a characteristic of infectious mononucleosis?
- Caused by herpes simplex virus
 - Decreased atypical mononuclear cells in peripheral blood
 - High titers of heterophile antibodies
 - Peak incidence at ages 20–25 years
- Q18. Which of the following is a laboratory finding in leukaemia?
- Cutaneous haemorrhagic lesions
 - More than 90% blasts in bone marrow aspirates
 - Splenomegaly
 - Enlarged cervical lymph nodes
- Q19. Alpha platelet granules contain?
- Serotonin
 - Protein S
 - Adenosine diphosphate
 - Calcium

- Q20. The beta-chain variant affecting the sixth amino acid is caused by?
- a) Substitution of lysine for glutamic acid
 - b) Deletion of valine
 - c) Inversion of glutamic acid
 - d) Substitution of valine for glutamic acid

SECTION B: SHORT-ANSWER QUESTIONS (40 MARKS)

1. Define the following terms (5 marks).
 - a) Polycythaemia
 - b) Leukemoid reaction
 - c) LAP test
 - d) Lymphocytosis
2. Outline the causes of macrocytic anaemia (8 marks)
3. State any 8 laboratory findings in haemolytic anaemia (5 marks).
4. Explain the role of Philadelphia chromosome in the pathogenesis of chronic myeloid leukaemia (8 marks).
5. Describe the causes of neutrophilia (8 marks).

SECTION C: LONG-ANSWER QUESTIONS (40 MARKS)

1. Describe laboratory tests for blood coagulation (20 marks).
2. Discuss the laboratory tests for the diagnosis of haemoglobinopathies (20 marks).