MANOR PREBOARDS MODULE 3 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Which medication category is required to be written on a yellow prescription pad when prescribed?

A. Oxycodone

B. Benzodiazepines

C. Barbiturates

D. Methaqualone

2. What pattern is seen on immunofluorescence in immune complex–mediated glomerulonephritis?

A. Linear deposition of IgG along the GBM

B. Granular deposition of IgG, IgM, and C3

C. No immune complex deposition

D. Granular deposition of IgA and C3 only

3. Among patients treated with Lithium Carbonate for bipolar disorder, which scenario places the patient at greatest risk for lithium toxicity?

A. Patient VX with cystic fibrosis managed by 10 mL of 4% NaCl inhaled bid

B. Patient RP with catamenial seizures managed via Acetazolamide medication

C. Patient AB who is a recently diagnosed hypertensive put on an initial regimen of hydrochlorothiazide

D. Patient MH, a chronic coffee drinker who drinks at least 5 cups of coffee a day

4. Which of the following lists the four levels of protein structure?

A. Primary, Secondary, Tertiary, and Quaternary structure.

B. Primary, Tertiary, Quaternary, and Quinary structure

C. Secondary, Tertiary, Quaternary, and Quintary structure

D. Primary, Secondary, Tertiary, and Quinary structure.

5. Which of the following would be an accurate administration note for dispersing certain capsules in a soft medium to aid swallowing?

A. Eat with milk

B. Disperse in applesauce

C. Swallow whole with water

D. Open and sprinkle on cereal

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6. Which hormones counterregulate hypoglycemia and promote glucose release during fasting?

A. Glucagon and epinephrine (with cortisol and growth hormone contributing)

B. Insulin and amylin

C. Thyroid hormone and cortisol

D. Cortisol alone

7. Which expression describes solubility as grams of solute soluble in 1 mL of solvent?

A. g of solute soluble in 1 mL of solvent

B. g of solute soluble in 100 mL of solvent

C. mL of solvent required to dissolve 1 g of solute

D. mL of solvent required to dissolve 100 g of solute

8. Which staining technique is used to identify acid-fast bacteria such as Mycobacterium tuberculosis?

A. Gram stain.

B. Kinyoun stain.

C. Ziehl-Neelsen acid-fast stain.

D. Wright-Giemsa stain.

9. What are the typical histopathologic features of immune complex-mediated glomerulonephritis?

A. Linear immunofluorescence with IgG, IgM, and C3 deposits; subepithelial 'humps' on EM in some cases.

B. No immune deposits

C. Granular immunofluorescence with IgA deposits

D. Granular immunofluorescence with IgG alone and no C3 deposits

10. Which herb is commonly associated with mild depression?

A. Echinacea

B. St. John's Wort

C. Saw Palmetto

D. Ginkgo biloba

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Answers

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1. A
2. B
3. C
4. A
5. B
6. A
7. A
8. D
9. A
10. B

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Explanations

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1. Which medication category is required to be written on a yellow prescription pad when prescribed?

A. Oxycodone

B. Benzodiazepines

C. Barbiturates

D. Methaqualone

Yellow prescription pads flag prescriptions for controlled substances that require tighter monitoring and regulatory safeguards. Oxycodone, being an opioid analgesic with a high potential for abuse and dependence, is the category most commonly designated to be written on this special form. The extra layer of documentation helps ensure legitimate use and easier auditing by pharmacists and regulators. While benzodiazepines and barbiturates are controlled, they are not typically restricted to the yellow form in many systems, and methaqualone is highly regulated but not commonly prescribed today. Thus, oxycodone best fits the rule about using a yellow pad.

2. What pattern is seen on immunofluorescence in immune complex–mediated glomerulonephritis?

A. Linear deposition of IgG along the GBM

B. Granular deposition of IgG, IgM, and C3

C. No immune complex deposition

D. Granular deposition of IgA and C3 only

In this pattern, immune complexes deposit along the glomerular basement membrane and in the mesangium in a granular, patchy way, producing a "lumpy-bumpy" appearance on immunofluorescence. The immunofluorescence stains show multiple discrete spots of IgG and often IgM together with C3, reflecting the presence of antigen–antibody complexes and activated complement. This granular deposition is characteristic of immune complex–mediated glomerulonephritis, such as post-infectious or membranous types. It contrasts with a smooth, linear deposition seen in anti-GBM disease, and with pauci-immune patterns where little or no immunoglobulin or complement is detected.

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3. Among patients treated with Lithium Carbonate for bipolar disorder, which scenario places the patient at greatest risk for lithium toxicity?

A. Patient VX with cystic fibrosis managed by 10 mL of 4% NaCl inhaled bid

B. Patient RP with catamenial seizures managed via Acetazolamide medication

C. Patient AB who is a recently diagnosed hypertensive put on an initial regimen of hydrochlorothiazide

D. Patient MH, a chronic coffee drinker who drinks at least 5 cups of coffee a day

Lithium is cleared by the kidneys and its level in the blood is highly sensitive to changes in sodium balance and renal handling. Diuretics that affect the distal nephron, especially thiazide-type diuretics, can markedly raise lithium levels. They cause mild volume depletion and prompt the kidneys to reabsorb more what's in the proximal tubule, and lithium follows that same reabsorption path. So adding a thiazide diuretic leads to reduced lithium clearance and a higher risk of lithium toxicity. In this scenario, starting a thiazide for hypertension creates the strongest danger because the interaction directly boosts lithium levels, much more so than the other listed situations. The inhaled saline used for cystic fibrosis, while it alters electrolyte balance locally, doesn't have the same impact on lithium handling. Acetazolamide can influence lithium levels too, but it isn't as potent a risk in this context as a thiazide. Caffeine can increase urination, which might actually modestly affect lithium clearance in either direction, but it does not carry the same toxicity risk as combining lithium with a thiazide diuretic. Clinical takeaway: when a patient on lithium needs a diuretic, especially a thiazide, monitor lithium closely and consider alternative antihypertensives or adjust the lithium dose to prevent toxicity.

4. Which of the following lists the four levels of protein structure?

A. Primary, Secondary, Tertiary, and Quaternary structure.

B. Primary, Tertiary, Quaternary, and Quinary structure

C. Secondary, Tertiary, Quaternary, and Quintary structure

D. Primary, Secondary, Tertiary, and Quinary structure.

Proteins are described by a hierarchy of structure that starts with the sequence of amino acids and builds up to the full assembly. The first level is the primary structure, the linear order of amino acids. The next level comes from local folding patterns stabilized by backbone hydrogen bonds, giving structures like alpha helices and beta sheets—that's the secondary structure. The third level is the overall three-dimensional shape of a single polypeptide, shaped by interactions among side chains and the backbone, including hydrophobic effects, ionic bonds, hydrogen bonds, and disulfide bridges. The fourth level describes how multiple polypeptide chains come together to form a functional protein complex, known as quaternary structure. This four-part set—primary, secondary, tertiary, and quaternary—is the standard way to list protein structure levels. The other options either replace or omit one of the classical levels or introduce nonstandard terms like quinary or quintary, which aren't part of the traditional four-tier framework.

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5. Which of the following would be an accurate administration note for dispersing certain capsules in a soft medium to aid swallowing?

A. Eat with milk

B. Disperse in applesauce

C. Swallow whole with water

D. Open and sprinkle on cereal

Dispersing a capsule in a soft medium is done to make swallowing easier while keeping the medication intact. The smooth, neutral texture of applesauce provides a consistent medium that allows the capsule's contents to mix evenly without needing to crush the capsule. This approach helps ensure the dose is delivered as intended and minimizes irritation or taste issues, which can occur if you try to mix with dairy or with dry cereals. Swallowing the capsule whole with water doesn't meet the goal of dispersion. Opening and sprinkling on cereal is less ideal because cereal can be crunchy or inconsistent in texture and moisture, which may affect mixing and swallowing. Milk can interact with certain drugs and isn't the standard soft medium for dispersion, so it's not the best general recommendation.

6. Which hormones counterregulate hypoglycemia and promote glucose release during fasting?

A. Glucagon and epinephrine (with cortisol and growth hormone contributing)

B. Insulin and amylin

C. Thyroid hormone and cortisol

D. Cortisol alone

During fasting, the body uses counterregulatory hormones to oppose insulin and push glucose back into the bloodstream. The fastest and most important are glucagon and epinephrine. Glucagon acts on the liver to break down glycogen (glycogenolysis) and to make new glucose (gluconeogenesis), raising blood glucose quickly. Epinephrine supports this by promoting glycogen breakdown and stimulating gluconeogenesis, and it also helps mobilize fatty acids to spare glucose for essential organs. Cortisol and growth hormone contribute as well, especially during longer fasts, by sustaining gluconeogenesis and limiting peripheral glucose use, but they are slower and less immediate than glucagon and epinephrine. So the combination of glucagon and epinephrine best accounts for rapid glucose release during fasting, with cortisol and growth hormone providing additional support.

7. Which expression describes solubility as grams of solute soluble in 1 mL of solvent?

A. g of solute soluble in 1 mL of solvent

B. g of solute soluble in 100 mL of solvent

C. mL of solvent required to dissolve 1 g of solute

D. mL of solvent required to dissolve 100 g of solute

Solubility is about how much solute can dissolve in a given amount of solvent, described as grams per unit volume of solvent. When the statement uses grams of solute soluble in 1 mL of solvent, it's giving grams per milliliter, which is exactly the form for solubility in this case. The other expressions shift the reference (for example, grams per 100 mL) or describe how much solvent is needed to dissolve a certain amount of solute, which is the inverse relationship and not the stated grams-per-volume form. So this expression best matches how solubility is defined in this context.

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8. Which staining technique is used to identify acid-fast bacteria such as Mycobacterium tuberculosis?

A. Gram stain.

B. Kinyoun stain.

C. Ziehl-Neelsen acid-fast stain.

D. Wright-Giemsa stain.

Acid-fast staining targets bacteria with waxy, mycolic-acid–rich cell walls that resist decolorization by acid alcohol. The standard method to identify Mycobacterium tuberculosis is the Ziehl-Neelsen acid-fast stain. It uses carbol fuchsin and heat to force the dye into the waxy wall; after applying acid-alcohol, acid-fast organisms keep the red color, while other cells take up a contrasting counterstain. A cold alternative is the Kinyoun stain, which yields a similar result without heating. In contrast, Gram stain is a general method that doesn't specifically highlight acid-fast organisms, and Wright-Giemsa is used for blood smears and parasites rather than detecting acid-fast bacteria.

9. What are the typical histopathologic features of immune complex-mediated glomerulonephritis?

A. Linear immunofluorescence with IgG, IgM, and C3 deposits; subepithelial 'humps' on EM in some cases.

B. No immune deposits

C. Granular immunofluorescence with IgA deposits

D. Granular immunofluorescence with IgG alone and no C3 deposits

Immune complex–mediated glomerulonephritis is defined by granular, or "lumpy-bumpy," immune deposits in the glomeruli. On immunofluorescence you typically see a mix of immunoglobulins (commonly IgG and IgM) with complement component C3 distributing in a granular pattern along the capillary walls and mesangium, rather than a smooth, linear line. Electron microscopy often shows electron-dense immune complex deposits, and in conditions like post-infectious GN you may see subepithelial humps. Linear deposition along the glomerular basement membrane, by contrast, indicates anti-GBM disease rather than immune complex–mediated GN. Deposits dominated by IgA or IgG without C3 don't fit the classic immune complex pattern.

10. Which herb is commonly associated with mild depression?

A. Echinacea

B. St. John's Wort

C. Saw Palmetto

D. Ginkgo biloba

St. John's Wort is commonly associated with mild depression because it has a long history of use as an herbal antidepressant and is often chosen to help improve mood in people with mild to moderate depressive symptoms. The idea is that certain constituents in the herb can influence the brain's mood-regulating chemicals, particularly the monoamines like serotonin, norepinephrine, and dopamine, which can help lift mood for many individuals. Other herbs listed have different primary roles: Echinacea is used mainly for immune support, Saw Palmetto for hormonal/urinary symptoms in men, and Ginkgo biloba for memory and circulation. That's why St. John's Wort is the one linked to mood and depression. If you're considering it, be mindful of interactions with other medications (such as antidepressants or blood thinners) and consult a clinician before using it.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://manorpreboardmod3.examzify.com

We wish you the very best on your exam journey. You've got this!

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