WATHIM

GCC exam prep

PRACTICE PACK

DHA | SCFHS | Qatar DHP | Bahrain NHRA | Oman OMSB | Kuwait MOH

Medical Laboratory Technologist Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 756 questions · 3 papers

756	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Medical Laboratory Technologist Gulf Licensing Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

756	3	21	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 133 easier, 476 standard and 147 harder questions, marked on each one.

Clinical chemistry 90 · Haematology 88 · Bacteriology 72 · Immunohaematology and blood grouping 61 · Transfusion services 45 · Histopathology and cytology 45 · Mycology, parasitology and virology 43 · Immunology and serology 43 · Coagulation and haemostasis 39 · Endocrinology, toxicology and drug monitoring 29 · Urinalysis 25 · Quality management 22 · Phlebotomy and specimen handling 22 · Body fluids 21 · Laboratory safety 20 · Laboratory calculations 18 · Laboratory management and ethics 18 · Sterilisation, culture media and susceptibility testing 16 · Instrumentation and automation 16 · Molecular diagnostics 15 · Point-of-care testing and laboratory informatics 8

The exam you are sitting

DHA: DHA exam for medical laboratory technologists (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
DHCC: DHCC licensing exam (Dubai Healthcare City)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
SCFHS: SLLE, Saudi laboratory specialist licensure exam	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar Prometric qualifying exam (DHP)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Bahrain NHRA: NHRA licensure exam	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Oman OMSB: Oman Prometric exams (OMSB)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Kuwait MOH: Kuwait MOH Prometric exam	See the guide on wathim.com *Wathim guide, checked 2026-11-15*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf laboratory licensing exams differ in length and scoring: the DHA medical laboratory technologist exam is a computer test at Prometric with 150 multiple choice questions in 3 hours and a 50% pass mark (DHA CBT guideline, September 2026), and the Oman exam for medical laboratory scientists has 100 questions in 2 hours 30 minutes with a 55% pass mark. No single percentage pass mark is set here; the 70% shown in the app and the printed papers is our own practice target, not any regulator's. The questions are original practice questions on core laboratory knowledge, not real or recalled exam questions, and they are not mapped one to one to any exam blueprint.

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What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

Topic coverage

Topic	Questions in this pack	Share
Clinical chemistry	**90**	12%
Haematology	**88**	12%
Bacteriology	**72**	10%
Immunohaematology and blood grouping	**61**	8%
Transfusion services	**45**	6%
Histopathology and cytology	**45**	6%
Mycology, parasitology and virology	**43**	6%
Immunology and serology	**43**	6%
Coagulation and haemostasis	**39**	5%
Endocrinology, toxicology and drug monitoring	**29**	4%
Urinalysis	**25**	3%
Quality management	**22**	3%
Phlebotomy and specimen handling	**22**	3%
Body fluids	**21**	3%
Laboratory safety	**20**	3%
Laboratory calculations	**18**	2%
Laboratory management and ethics	**18**	2%
Sterilisation, culture media and susceptibility testing	**16**	2%
Instrumentation and automation	**16**	2%
Molecular diagnostics	**15**	2%
Point-of-care testing and laboratory informatics	**8**	1%

Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

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> Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.

2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.

3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.

4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.

5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.

6. **Keep the revision bank for the last few days**
   576 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - Medical Laboratory Technologist Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack
Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	576 more questions by topic, with the answer under each, and the night-before list of the hardest questions

SAMPLE - wathim.com

Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D)	2 (A) (B) (C) (D)	3 (A) (B) (C) (D)	4 (A) (B) (C) (D)	5 (A) (B) (C) (D)

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MEDICAL LABORATORY TECHNOLOGIST EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Haematology HARD

A 54-year-old man with heavy alcohol intake has an MCV of 108 fL. B12 and folate are normal. Which film finding favours alcohol related macrocytosis over megaloblastic anaemia?

A. Macro-ovalocytes with neutrophils of six lobes
B. Marked anisopoikilocytosis with teardrop cells
C. Round macrocytes with normally segmented neutrophils
D. Raised LDH and raised unconjugated bilirubin from ineffective erythropoiesis

Q2 Haematology STANDARD

A child with microcytic anaemia has red cells that, when incubated with brilliant cresyl blue for an hour, show many multiple small blue inclusions giving a golf-ball appearance. What do the inclusions represent?

A. Denatured haemoglobin from oxidant stress in G6PD deficiency
B. Precipitated HbH (beta4) from alpha thalassaemia
C. Aggregated ribosomal RNA in lead poisoning
D. Iron granules within mitochondria in sideroblastic anaemia

Q3 Haematology HARD

A man with confirmed G6PD deficiency has acute haemolysis. A fluorescent spot test performed three days later, with a high reticulocyte count, is reported as normal. What is the most likely reason?

A. Haemolysis destroys the reagent NADP in the sample before testing
B. Young cells and reticulocytes have higher enzyme activity
C. The deficiency resolved completely after the crisis ended
D. The test cannot reliably detect the deficiency in men

Q4 Haematology EASY

A blood count gives haemoglobin 10.2 g/dL and haematocrit 0.34 L/L. What is the mean cell haemoglobin concentration?

A. 3.0 g/dL
B. 34 g/dL
C. 10.2 g/dL
D. 30 g/dL

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Q5 Clinical chemistry STANDARD

A patient with severe watery diarrhoea has sodium 138 mmol/L, chloride 114 mmol/L and bicarbonate 14 mmol/L. Which interpretation is correct?

A. High anion gap metabolic acidosis from lactate or ketone accumulation in tissues

B. Respiratory alkalosis

C. Normal anion gap metabolic acidosis, a pattern seen with bicarbonate loss

D. Metabolic alkalosis from vomiting

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Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	**C**	2	**B**	3	**B**	4	**D**	5	**C**

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Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **C Round macrocytes with normally segmented neutrophils**

Alcohol and liver disease give round macrocytes (sometimes with target cells) because of altered membrane lipid, with normal neutrophil lobes and no megaloblastic marrow. Megaloblastic anaemia from B12 or folate deficiency gives oval macrocytes (macro-ovalocytes) and hypersegmented neutrophils, with marked anisopoikilocytosis. Raised LDH and unconjugated bilirubin from ineffective erythropoiesis are also features of megaloblastic anaemia. Teardrop cells point towards marrow fibrosis.

Source: Rodak's Hematology: Clinical Principles and Applications

Q2 Answer: **B Precipitated HbH (beta4) from alpha thalassaemia**

In HbH disease (loss of three alpha genes), excess beta chains form beta4 tetramers that are unstable under oxidant stress and precipitate in older cells, forming multiple small inclusions after incubation with brilliant cresyl blue or new methylene blue. Heinz bodies in G6PD deficiency are fewer and larger, and are identified with crystal violet. Aggregated ribosomes give basophilic stippling on Romanowsky stain. Iron granules are shown by Perls stain.

Source: Dacie and Lewis Practical Haematology

Q3 Answer: **B Young cells and reticulocytes have higher enzyme activity**

G6PD activity falls as red cells age. During and after haemolysis the older, most deficient cells have been destroyed and the reticulocyte-rich population has relatively high activity, so a screening test can be falsely normal. Repeating the test some weeks after recovery, once the reticulocyte count has settled, is more reliable. The enzyme defect is inherited and does not resolve. The test works in men and does not depend on destruction of NADP by haemolysis in the sample.

Source: Henry's Clinical Diagnosis and Management by Laboratory Methods

Q4 Answer: **D 30 g/dL**

MCHC equals haemoglobin divided by haematocrit: 10.2 divided by 0.34 equals 30 g/dL. This is at the lower end of a typical reference interval of about 32 to 36 g/dL, so the cells are mildly hypochromic. A value of 3.0 comes from a decimal error. A value of 34 is the haematocrit expressed per cent, not a concentration. A value of 10.2 simply repeats the haemoglobin. Checking the arithmetic twice avoids transcription errors.

Source: Dacie and Lewis Practical Haematology

Q5 Answer: **C Normal anion gap metabolic acidosis, a pattern seen with bicarbonate loss**

The anion gap is sodium minus chloride and bicarbonate: 138 minus 114 minus 14 equals 10 mmol/L, within a typical range. Low bicarbonate with a normal gap and raised chloride is hyperchloraemic metabolic acidosis, as in diarrhoea or renal tubular acidosis. A raised gap would point to lactate, ketones or toxins. Respiratory alkalosis would lower pCO2 and bicarbonate only slightly. A metabolic alkalosis would show a raised bicarbonate, not a low one.

Source: Tietz Textbook of Laboratory Medicine

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What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	576 more questions by topic with the answer under each, and the night-before list
Total	756 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/medical-laboratory-technologist-practice**

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