

1. **In case, you need to confirm diagnosis of diabetes mellitus in your patient, you will send to the laboratory:**

a. capillary blood	c. venous blood without additives
b. venous blood with anticoagulant and NaF	d. venous blood with anticoagulant

2. **The most sensitive marker of glomerular damage in diabetic patient is:**

a. protein/creatinine ratio	c. albumin/creatinine ratio
b. urinary sediment	d. HbA1c

3. **Unconjugated bilirubin is:**

a. physiologically present in urine	c. predominant form of bilirubin in the bile
b. not filtrated into urine	d. elevated in serum in hemolytic icterus

4. **Select all biochemical markers of impaired proteosynthesis in the liver:**

a. immunoglobulins	c. albumin
b. prothrombin time	d. ammonia

5. **Select all possible causes of metabolic alkalosis:**

a. diarrhea	c. diuretic therapy
b. vomiting	d. hyperaldosteronism

6. **The presence of dysmorphic (abnormal shape) erythrocytes in a urinary sediment is marker of:**

a. myoglobinuria	c. bleeding from the urinary tract
b. renal stones	d. glomerulonephritis

7. **In patient with after kidney transplantation, the best parameter for assessing of GFR is:**

a. creatinine clearance	c. calculated GFR based on cystatin C level
b. estimated (calculated) eGFR	d. creatinine in urine

8. **Refeeding syndrome present with following ion disturbances except:**

a. hyperkalemia	c. hypophosphatemia
b. hypomagnesemia	d. hypocalcemia

9. **Possible causes of hypercalcemia without elevation of PTH are all except:**

a. vitamin D overdosing	c. secondary hyperparathyroidism
b. malignant hypercalcemia	d. thiazide overdosing

10. **Fasting hypoglycemia in severe chronic liver disease is a consequence of:**

a. low rate of gluconeogenesis	c. low utilization of glucose in the liver
b. high synthesis of glycogen	d. higher insulin degradation