# Pathology Collector interview questions

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## What to expect

Interviews for Pathology Collector roles focus on technique, patient handling under pressure and adherence to infection control and documentation standards. Panels usually include a pathology service supervisor and sometimes a senior collector who asks practical, scenario-based questions rather than abstract ones.

- **Technical/process:** Questions checking your understanding of venepuncture technique, tube order of draw, and specimen handling standards.
- **Scenario/judgement:** Situations involving difficult veins, distressed patients or specimen errors, testing how you'd respond in the moment.
- **Safety and compliance:** Questions on infection control, sharps disposal and what you do when a protocol is breached or an exposure occurs.
- **Behavioural:** Past-experience questions about managing anxious patients, high workloads or working within a team of collectors.
- **Client-facing:** Questions on how you communicate with patients from different backgrounds, including children, elderly patients or those with English as a second language.

Expect a short introduction and role overview, then a run of technical and scenario questions making up most of the interview, followed by one or two behavioural questions and time for you to ask about rostering, training and the collection sites you'd work across.

## 1. Talk me through your process for a standard venepuncture collection, from greeting the patient to disposing of sharps.

**Why they ask**

This checks whether you follow correct sequence and safety steps without needing to be prompted, which matters more than any single answer in the interview.

**How to structure your answer**

Walk through it step by step in order: patient ID and consent, site selection, cleaning, draw technique, tube order, labelling, and disposal, noting the safety check at each stage.

**Example answer**

*“I start by confirming the patient's identity against the request form using three points of ID, then explain what I'm about to do and check for any allergies or fainting history. I select and clean the site, apply the tourniquet, and draw in the correct tube order to avoid cross-contamination between additives. Once I've got the sample, I release the tourniquet, apply pressure, label the tubes at the bedside in front of the patient, and dispose of the needle directly into the sharps container without recapping.”*

## 2. A patient tells you they always faint during blood collection. What do you do differently?

**Why they ask**

Tests practical risk management and patient care judgement, not just technical skill.

**How to structure your answer**

Describe the immediate precautions you'd take, then the ongoing monitoring during and after the draw.

**Example answer**

*“I'd lay the patient down or recline the chair before starting rather than waiting for symptoms, and I'd keep talking to them throughout to distract them and watch their colour. I'd have someone nearby in case I need help, and after the draw I'd keep them seated or lying down for a few extra minutes with a drink and something to eat before letting them leave.”*

## 3. Tell me about a time you caught an error before it became a problem, for example a mislabelled specimen or an incorrect tube.

**Why they ask**

Pathology results feed directly into patient treatment decisions, so panels want evidence you catch mistakes rather than just avoid them entirely.

**How to structure your answer**

Use STAR: situation, task, action, result, focusing on how you noticed the issue and what you did about it.

**Example answer**

*“I once picked up a tube that had been pre-labelled for the wrong patient because two patients with similar names were booked back to back. I noticed the mismatch during my ID check before the draw, stopped, relabelled correctly and flagged it to the senior collector so we could review our labelling process. No sample was sent incorrectly and we changed our routine to label tubes only at the bedside after ID confirmation.”*

## 4. How do you handle a needle-phobic child who refuses to sit still for a blood draw?

**Why they ask**

Paediatric collections are a common part of the role and require a different approach from adult patients.

**How to structure your answer**

Describe your judgement process: what you try first, how you escalate support, and when you'd involve a parent or colleague.

**Example answer**

*“I try to keep things light and let the child see what's happening if that helps, or distract them with conversation if it doesn't. I ask the parent to hold and comfort them rather than restrain them, and I make sure everything is set up and ready before we start so there's no waiting once we begin. If the child is too distressed, I'll pause, let them settle, and try again rather than pushing through, and I'll get a second collector to assist if needed.”*

## 5. What would you do if you sustained a needlestick injury during a collection?

**Why they ask**

Direct safety question checking you know the correct incident response, which is non-negotiable in this role.

**How to structure your answer**

State the immediate action first, then the reporting and follow-up steps in order.

**Example answer**

*“I'd stop, wash the site under running water, and apply a dressing straight away. Then I'd report the incident to my supervisor immediately, complete an incident report, and follow the workplace's exposure protocol, which usually involves assessing the source patient's status and arranging follow-up testing or counselling if needed.”*

## 6. How do you manage your workload when you've got a full waiting room and patients are getting frustrated with wait times?

**Why they ask**

Collection centres run on volume, so panels want to know you can keep quality up while working quickly.

**How to structure your answer**

Describe a specific past example using STAR, focusing on prioritisation and communication with waiting patients.

**Example answer**

*“During a busy morning clinic I had a full waiting room with some patients on time restrictions for fasting tests. I let the front desk know which patients needed to be seen first, kept my setup between patients as efficient as possible without cutting corners on ID checks, and gave a quick update to the waiting room so people knew roughly how long they'd be. It kept complaints down and meant the fasting patients got seen within their window.”*