

## Memory Test - Immunology\_Class Test\_Foundation\_1

Total Mark: 100

Time: 90 Min

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| <p><b>1. Active immunity is induced by</b></p> <p>A) Placental transfer of antibody<br/>B) Contracting specific infection<br/>C) Viral infection<br/>D) Conjugate vaccination<br/>E) Injection of monoclonal antibody</p> <p><b>Answer:</b> F, T, T, T, F<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/Ed-15th/P-478]</p>                              | <p><b>2. Antibodies of Rh system include</b></p> <p>A) Anti C<br/>B) Anti B<br/>C) Anti A<br/>D) Anti D<br/>E) Anti E</p> <p><b>Answer:</b> T, F, F, T, T<br/><b>Discussion:</b><br/><b>Reference:</b></p>   |
| <p><b>3. Autoimmune diseases associated with HLA B27 are</b></p> <p>A) Ankylosing spondylitis<br/>B) Postgonococcal arthritis<br/>C) Acute anterior uveitis<br/>D) 21-hydroxylase deficiency<br/>E) Systemic lupus erythematosus</p> <p><b>Answer:</b> T, T, T, F, F<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/Ed-15th/P-563]</p>                   | <p><b>4. C Reactive Protein-</b></p> <p>A) Is an acute phase protein<br/>B) Normal level 6mg/L<br/>C) Normal level rules out rheumatic activity<br/>D) Increased in Ischemic heart diseases<br/>E) Always rise and fall with ESR</p> <p><b>Answer:</b> T, T, T, F, F<br/><b>Discussion:</b><br/><b>Reference:</b> (Khaleque 302)</p> |
| <p><b>5. Complement component C3b</b></p> <p>A) Directly kill bacteria<br/>B) Is an anaphylatoxin<br/>C) Is chemotactic<br/>D) Opsonizes bacteria<br/>E) Is derived from C3</p> <p><b>Answer:</b> F, F, F, T, T<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/Ed-15th/P-537-539]</p>  | <p><b>6. Components of cell mediated immunity include</b></p> <p>A) CD4- lymphocyte<br/>B) Memory T cell<br/>C) Platelet<br/>D) Basophil<br/>E) Macrophage</p> <p><b>Answer:</b> T, T, F, F, T<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/Ed-15th/P-475]</p>   |
| <p><b>7. Direct Coomb's test is positive in</b></p> <p>A) Systemic lupus erythematosus<br/>B) Hemolytic transfusion reaction<br/>C) Hemolytic disease of newborn<br/>D) Microangiopathic haemolytic anaemia<br/>E) Paroxysmal nocturnal haemoglobinuria</p> <p><b>Answer:</b> F, T, T, F, F<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: LANGE/14th/551]</p> | <p><b>8. Diseases mediated by type -III hypersensitivity</b></p> <p>A) Rheumatic fever<br/>B) Systemic lupus erythematosus<br/>C) Hashimoto' thyroiditis<br/>D) Vasculitis<br/>E) Grave's disease</p> <p><b>Answer:</b> F, T, F, F, F<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/Ed-15th/P-537,538]</p>                |

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| <p><b>9. Following are congenital T cell immune deficiencies</b></p> <p>A) DiGeorge's syndrome<br/> B) Bruton's agammaglobulinemia<br/> C) Chronic mucocutaneous candidiasis<br/> D) IL-12 receptor deficiency<br/> E) Selective IgA deficiency</p> <p><b>Answer:</b> T, F, T, T, F<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange/Ed-15th/P-573]</p> | <p><b>10. Following are the statements about primary immune response:</b></p> <p>A) Responding B cell is memory B cell<br/> B) IgG predominates<br/> C) Time of peak response generally 7-10 days<br/> D) Antibody affinity is lower<br/> E) Antibody affinity is higher</p> <p><b>Answer:</b> F, F, T, T, F<br/> <b>Discussion:</b> F (Memory cell response occurs in secondary response) F (IgM predominant) T TF (Antibody affinity &amp; production is less in primary response)<br/> <b>Reference:</b> [Ref: Lange/15th/P-516]</p> |
| <p><b>11. Immune component that reacts with Fc portion of Ab are</b></p> <p>A) Macrophages<br/> B) NK cells<br/> C) B cells<br/> D) Immunoglobulin E<br/> E) C3a</p> <p><b>Answer:</b> T, T, T, F, F<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange/Ed-15th/P-523]</p>  | <p><b>12. Phagocyte deficiency occur in</b></p> <p>A) Chronic Granulomatous diseases<br/> B) Leukocyte adhesion deficiency syndrome<br/> C) Recurrent Infection<br/> D) IL12 receptor deficiency<br/> E) Interferon gamma receptor deficiency</p> <p><b>Answer:</b> T, T, F, F, T<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange/Ed-15th/P-578]</p>   |
| <p><b>13. Post-exposure prophylaxis by vaccination is recommended for</b></p> <p>A) Hepatitis A virus<br/> B) Hepatitis B virus<br/> C) Human immunodeficiency virus<br/> D) Rubella virus<br/> E) Rabies virus</p> <p><b>Answer:</b> F, T, F, F, T<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange/Ed-15th/P-273]</p>                                 | <p><b>14. Professional antigen presenting cells are</b></p> <p>A) Dendritic cell<br/> B) Neutrophils<br/> C) NK cells<br/> D) Macrophages<br/> E) B-lymphocytes</p> <p><b>Answer:</b> T, F, F, F, T<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange 14th P-486]</p>  |
| <p><b>15. Regarding IgG</b></p> <p>A) Most abundant antibody<br/> B) All cross placenta<br/> C) Produced in large amounts in primary immune response<br/> D) Only intravascular distribution<br/> E) Mediates allergic reaction</p> <p><b>Answer:</b> T, F, F, F, F<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange/Ed-15th/P-524]</p>                 | <p><b>16. The following cells express MHC II (MHC = major histocompatibility complex) antigens-</b></p> <p>A) B lymphocytes<br/> B) Reticulocytes<br/> C) Activated T lymphocytes<br/> D) Fibroblasts<br/> E) Renal tubular epithelium</p> <p><b>Answer:</b> T, F, T, F, F<br/> <b>Discussion:</b><br/> <b>Reference:</b></p>   |

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| <p><b>17. The following conditions are associated with a polyclonal gammopathy</b></p> <p>A) Waldenstrom's macroglobulinaemia<br/> B) Rheumatoid arthritis<br/> C) Down's syndrome<br/> D) Wiskott-Aldrich syndrome<br/> E) Post-streptococcal glomerulonephritis</p> <p><b>Answer:</b> F, T, F, F, T<br/> <b>Discussion:</b><br/> <b>Reference:</b></p>  | <p><b>18. The organ-specific autoimmune diseases are</b></p> <p>A) Rheumatoid arthritis<br/> B) Autoimmune haemolytic anaemia<br/> C) Scleroderma<br/> D) Myasthenia gravis<br/> E) Systemic lupus erythematosus</p> <p><b>Answer:</b> F, T, F, T, F<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange/Ed-15th/P-563]</p>                              |
| <p><b>19. Vaccine contain sub-unit</b></p> <p>A) Live influenza vaccine<br/> B) Killed influenza vaccine<br/> C) Hepatitis B vaccine<br/> D) Polio vaccine<br/> E) Hepatitis A viral vaccine</p> <p><b>Answer:</b> F, T, T, F, F<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange/Ed-15th/P-273]</p>  | <p><b>20. B cell function</b></p> <p>A) Host defense against fungi<br/> B) Tumor rejection<br/> C) Transplant rejection<br/> D) Allergy<br/> E) Autoimmunity</p> <p><b>Answer:</b> F, F, F, T, T<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange 15th 477]</p>   |
| <p><b>21. Following are features of acquired immunity</b></p> <p>A) Develops upon contact with antigen<br/> B) Highly specific<br/> C) Effective immediately after exposure to microbe<br/> D) Present in both vertebrates &amp; invertebrates<br/> E) There is always immunologic memory</p> <p><b>Answer:</b> T, T, F, F, T<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange/Ed-15th/P-477]</p> | <p><b>22. Following are the factors of innate immunity</b></p> <p>A) Fatty acid of skin<br/> B) Acid pH of sweat &amp; sebaceous secretion<br/> C) Interferons<br/> D) Lysozyme in the tear, nasal secretion, &amp; saliva<br/> E) Complement</p> <p><b>Answer:</b> T, T, T, T, T<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange/Ed-15th/P-482]</p> |
| <p><b>23. Immunologically mediated diseases are</b></p> <p>A) Parkinson's disease<br/> B) Myasthenia gravis<br/> C) Duchenne muscular dystrophy<br/> D) Grave's disease<br/> E) Multiple sclerosis</p> <p><b>Answer:</b> F, T, F, T, T<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange/Ed-15th/P-563]</p>  | <p><b>24. Low serum complement is associated with</b></p> <p>A) Post infectious glomerulonephritis<br/> B) Diabetic nephropathy<br/> C) Mesangiocapillary GN<br/> D) SLE<br/> E) Infective endocarditis</p> <p><b>Answer:</b> T, F, T, T, T<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange/Ed-15th/P-539]</p>                                       |

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| <p><b>25. Non-specific host defenses against viral infection are</b></p> <p>A) Natural killer cells (NK cells)<br/> B) IgM<br/> C) Interferons<br/> D) Anti-viral drugs<br/> E) IgG</p> <p><b>Answer:</b> T, F, T, T, F<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange/Ed-15th/P-251]</p>  | <p><b>26. A known case of CKD patient came to you with anemia. You are going to treat the patient by erythropoietin. Before starting erythropoietin therapy, which levels should you correct?</b></p> <p>A) Vitamin B12<br/> B) Thyroid hormone<br/> C) Iron<br/> D) Folic acid<br/> E) Growth hormone</p> <p><b>Answer:</b> C<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Davidson 23th Edition Pg: 418]</p>  |
| <p><b>27. 45years old patient suffering from cough for 3months which is associated with purulent sputum production,fever and malaise.CT scan of chest shows thickened and dilated airways.Possible diagnosis?</b></p> <p>A) AIDS<br/> B) Bronchiectasis<br/> C) Chronic bronchitis<br/> D) Emphysema<br/> E) Empyema</p> <p><b>Answer:</b> B<br/> <b>Discussion:</b><br/> <b>Reference:</b> Ref: Davidson 23rd 579</p> | <p><b>28. A 35yrs old woman with renal transplant received antilymphocyte globulins. A week later she experienced fever and hypotension. Which of the following mechanisms is responsible for this manifestation?</b></p> <p>A) Granuloma formation<br/> B) Type-I hypersensitivity<br/> C) Type-II hypersensitivity<br/> D) Type-III hypersensitivity<br/> E) Type-IV hypersensitivity</p> <p><b>Answer:</b> D<br/> <b>Discussion:</b> Type III hypersensitivity In type III hypersensitivity, soluble immune complexes (aggregations of antigens and IgG and IgM antibodies) form in the blood and are deposited in various tissues (typically the skin, kidney and joints), where they can trigger an immune response according to the classical pathway of complement activation. The reaction takes hours to days to develop. Some clinical examples include: <input type="checkbox"/> Immune-complex glomerulonephritis <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Serum sickness <input type="checkbox"/> Subacute bacterial endocarditis <input type="checkbox"/> Systemic lupus erythematosus <input type="checkbox"/> Arthus reaction.</p> <p><b>Reference:</b> (Ref: Pastest-2.8)</p> |
| <p><b>29. Anti- inflammatory cytokine is</b></p> <p>A) IL1<br/> B) IL4<br/> C) IL5<br/> D) TGF beta<br/> E) IL10</p> <p><b>Answer:</b> E<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange/Ed-15th/P-491-492]</p>   | <p><b>30. B cell markers are except</b></p> <p>A) B7<br/> B) Ig M<br/> C) Ig D<br/> D) CD 56<br/> E) CD 20</p> <p><b>Answer:</b> D<br/> <b>Discussion:</b><br/> <b>Reference:</b> [Ref: Lange/15th/P-518]</p>  |

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| <p><b>31. Classical pathway activators except</b></p> <p>A) IgM<br/>B) IgG1<br/>C) IgG2<br/>D) IgG3<br/>E) IgG4</p> <p><b>Answer:</b> E<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/Ed-15th/P-524]</p>  | <p><b>32. Cytokines related with helper T cell except</b></p> <p>A) IL 1<br/>B) IL 2<br/>C) IL 4<br/>D) IL 5<br/>E) IFN GAMMA</p> <p><b>Answer:</b> A<br/><b>Discussion:</b><br/><b>Reference:</b> Ref: Lange/15th/P-505]</p>  |
| <p><b>33. Following complement components, which one is the most important opsonin?</b></p> <p>A) C1<br/>B) C3a<br/>C) C3b<br/>D) C5a<br/>E) C5b</p> <p><b>Answer:</b> C<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/Ed-15th/P-537]</p>                           | <p><b>34. Humoral immunity neutralizes</b></p> <p>A) Virus<br/>B) Intracellular bacteria<br/>C) Toxins<br/>D) Fungi<br/>E) Tumor</p> <p><b>Answer:</b> C<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/15th/P-518]</p>  |
| <p><b>35. In Allergic condition, degranulation of which cell is responsible?</b></p> <p>A) Neutrophil<br/>B) Mast cell<br/>C) Lymphocyte<br/>D) Macrophage<br/>E) Monocyte</p> <p><b>Answer:</b> B<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/Ed-15th/P-553]</p> | <p><b>36. In graft versus host reaction which is not true -</b></p> <p>A) Graft has to contain immunocompetent T cells<br/>B) Host is usually immunocompromised<br/>C) Recipient must express Ag<br/>D) Host cytotoxic cells play a major role<br/>E) MHC play an important role</p> <p><b>Answer:</b> D<br/><b>Discussion:</b><br/><b>Reference:</b> (Ref:LANGE 13TH 524)</p> |
| <p><b>37. Live vaccines are except</b></p> <p>A) Measle<br/>B) Mumps<br/>C) Rubella<br/>D) Influenza<br/>E) Polio</p> <p><b>Answer:</b> D<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/Ed-15th/P-273]</p>  | <p><b>38. Macrophages</b></p> <p>A) Have phagocytic but not pinocytic capabilities</p> <p>B) Are derived from blood neutrophil<br/>C) Have a shorter life span than neutrophils<br/>D) Contain acidic Proteases<br/>E) Produce interleukin - I</p> <p><b>Answer:</b> E<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/Ed-15th/P-586]</p>                             |

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| <p><b>39. Most important feature of autoimmune disease</b></p> <p>A) Antibody mediated<br/>B) Reactive cell<br/>C) T- Lymphocyte<br/>D) Alteration of normal proteins<br/>E) Molecular mimicry</p> <p><b>Answer:</b> A<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/Ed-15th/P-563]</p>  | <p><b>40. Regarding immunologic tolerance, which one of the following is the most accurate?</b></p> <p>A) Clonal deletion occurs with T cells but not with B cells.<br/>B) Tolerance to certain self-antigens occurs by negative selection of immature T cells in the thymus.<br/>C) The presence of B7 on the surface of the antigen-presenting cell is one of the essential steps required to establish tolerance.<br/>D) Tolerance is easier to establish in adults than in newborns because more self-reactive T cells have undergone apoptosis in adults than in newborns.<br/>E) Once tolerance is established to an antigen, it is permanent</p> <p><b>Answer:</b> B<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/Ed-15th/P-579]</p> |
| <p><b>41. Regarding tumor immunity, which one of the following is the most accurate?</b></p> <p>A) Both cytotoxic T cells and cytotoxic antibodies attack human cancer cells.<br/>B) An elevated level of alpha-fetoprotein is a marker for carcinoma of the lung.<br/>C) A declining level of carcinoembryonic antigen (CEA) is an indication that the patient's colon cancer has recurred.<br/>D) Cancer cells induced by chemicals have new antigens on the surface, but cancer cells induced by viruses do not.<br/>E) Natural killer (NK) cells do not participate in the cell-mediated response to cancer cells because they do not have an antigen-specific receptor on their surface.</p> <p><b>Answer:</b> A<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/Ed-15th/P-572]</p> | <p><b>42. T-cell-mediated immunity is the main host defense against which one of the following organisms?</b></p> <p>A) Escherichia coli<br/>B) Mycobacterium leprae<br/>C) Pseudomonas aeruginosa<br/>D) Staphylococcus aureus<br/>E) Streptococcus pneumoniae</p> <p><b>Answer:</b> B<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: Lange/Ed-15th/P-516]</p>   |
| <p><b>43. The indicator of immune deficiency state includes:</b></p> <p>A) More than 6 respiratory tract infections per year in an adult<br/>B) Obesity<br/>C) Infections with unusual organisms<br/>D) Infections at unusual sites<br/>E) Secondary hypertension</p> <p><b>Answer:</b> C<br/><b>Discussion:</b><br/><b>Reference:</b> Ref: Lange/Ed-15th/P-573]</p>  | <p><b>44. Transplant related immunosuppressive monoclonal antibody is</b></p> <p>A) Basiliximab<br/>B) Infliximab<br/>C) Natalizumab<br/>D) Rituximab<br/>E) Palivizumab</p> <p><b>Answer:</b> A<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: LANGE/11th/418]</p>   |

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| <p><b>45. Which laboratory test is the best to determine the CD4+ cells in the blood of a HIV positive patient?</b></p> <p>A) Flow Cytometry<br/>B) Agglutination<br/>C) Complement fixation<br/>D) ELISA<br/>E) Immunoelectrophoresis</p> <p><b>Answer:</b> A<br/><b>Discussion:</b><br/><b>Reference:</b> (Ref:LANGE/ 13th/P-540)</p>                                   | <p><b>46. Which of the following is associated with hyperacute allograft rejection?</b></p> <p>A) Cytotoxic T cells<br/>B) Decay-accelerating factor<br/>C) MHC class II<br/>D) Natural killer (NK) cells<br/>E) Pre-existing humoral antibodies</p> <p><b>Answer:</b> E<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref: B&amp;L/27th/P-1535]</p>                    |
| <p><b>47. Which one is not always true about Major Histocompatibility Complex-</b></p> <p>A) Located in virtually all cells<br/>B) Situated in long arm of Chromosome 6<br/>C) Also called HLA<br/>D) Same in monozygotic twins<br/>E) Associated with Coeliac disease</p> <p><b>Answer:</b> B<br/><b>Discussion:</b><br/><b>Reference:</b> (Ref: LANGE 13TH 522-524)</p> | <p><b>48. which one of the following must be expressed by Antigen – presenting cells that activate helper T cell on their surfaces</b></p> <p>A) IgM<br/>B) TCR<br/>C) Class I MHC antigen<br/>D) Class II MHC antigen<br/>E) CD28</p> <p><b>Answer:</b> D<br/><b>Discussion:</b><br/><b>Reference:</b></p>   |
| <p><b>49. A cytokine produced by macrophage to induce liver production of acute phase proteins is a</b></p> <p>A) INF-<math>\alpha</math><br/>B) IL-4<br/>C) IL-6<br/>D) IL-10<br/>E) IL-17</p> <p><b>Answer:</b> C<br/><b>Discussion:</b> (Explanation: IL-6 stimulates hepatocytes to secrete acute phase proteins.)<br/><b>Reference:</b></p>                          | <p><b>50. Chronic mucocutaneous candidiasis mostly occurs in</b></p> <p>A) Acquired T cell deficiencies<br/>B) Congenital T cell deficiencies<br/>C) Congenital B cell deficiencies<br/>D) Congenital phagocyte deficiencies<br/>E) Acquired complements deficiencies</p> <p><b>Answer:</b> B<br/><b>Discussion:</b><br/><b>Reference:</b> [Ref : Lange 15th/P-574]</p> |