## **Personal information** - ( 2210-11 **Total Marks** irks Obtain Paper Question & Answers Detail's A male of 55 years was started on an anticancer drug. The physician decided to add leucovorin to the therapy. Leucovorin was started in order to prevent which of the following conditions? A Cystic fibrosis B Hemorrhagic cystitis C Megaloblastic anemia [T] D Myelosuppression E Pulmonary edema Hereditary deficiency of which of the following enzymes can lead to prolonged effects of succinylcholine? 0 A Cytochrome oxidase B Glucose-6-phosphate dehydrogenase C Heme oxygenase

A Cytochrome oxidase
B Glucose-6-phosphate dehydrogenase
C Heme oxygenase
D Liver transaminase
E Plasma cholinesterase [T]

Administration of a moderately high dose of epinephrine to a patient results in a severe decrease in blood pressure. Which of the following drugs might the patient have previously taken that could account for this unexpected effect?

A Atropine
B Cocaine
C Guanethidine
D Prazosin [T]
E Tropicamide

In a teaching institute, physician discussing about autonomic pharmacology to house officer, asked when given to man, a drug causes bradycardia, increase gastrointestinal motility, pupillary constriction, which of following drug produces these effects?

A Cyclopentolate		
B Phenylephrine [T]		
C Pilocarpine		
O Prazosin		
○ E Tropicamide		
A 12 year old boy admitted in hospital ,His history revealed that he has taken 2 bottles of drug which was used nasal decongestion. Which of the following effects do you expect to see in this patient?	d by his mother for	1
A Bronchodilation		
B Mydrasis		
C Tachycaria		
D Urinary retention		
○ E Vasodilation [T]		
untimuscarinic drugs have limited usefulness in preventing bronchospasm. This limited efficacy is because collowing reasons?	of which of the	O
A Antagonism induced enhanced bronchial edema		
B Non-specific binding to muscarinic receptors		
C Non-muscarinic stimulation of the airways [T]		
D Rapid dissociation from the receptors		
○ E Reversible binding to the M3 receptors		
A male of 50 years was diagnosed with Myasthenia Gravis 6 months ago and started on treatment. He present OPD with complaints of increased fatigue, weakness, drooping of eyelids and difficulty in breathing since 2 da		
njected 0.2mg of Edrophonium and observed the patient. He noticed that the symptoms of the patient got a little most appropriate strategy to proceed with the management?	-	1
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	A Doxazosin
	3 Phentolamine
	C Prazosin
_	D Tamsulosin [T]
	E Terazosin
Vasoi	notor reversal phenomenon after administration of an alpha adrenergic blocker is seen with:
0	A Adrenaline [T]
O F	3 Phenylephrine
$\bigcirc$ (	C Propranolol
	D Terbutaline
_ F	E Timolol
patier	dy is performed to analyze characteristics of malignant neoplasms in biopsy specimens. The biopsies were performed on the who had palpable mass lesions on digital rectal examination. Of the following microscopic findings, which is most likely icate that the neoplasm is malignant?
	A Atypia
O F	3 invasion
$\bigcirc$ (	C Increased nuclear/cytoplasmic ratio [T]
$\bigcirc$ [	D Necrosis
_ E	E Pleomorphism
follow	ilated aortic arch. The patient's brother and his cousin are similarly affected. A genetic defect involving which of the ring substances is most likely to be present in this patient?  A collagen
ollov	ring substances is most likely to be present in this patient?
	ving substances is most likely to be present in this patient?  A collagen
	A collagen B Dystrophin
	A collagen B Dystrophin C Fibrillin [T]
Follow  Follow	A collagen B Dystrophin C Fibrillin [T] D NF-1 protein
Menta of menave	A collagen B Dystrophin C Fibrillin [T] D NF-1 protein E Spectrin  All retardation has affected several generations of a family, and most of the affected individuals have been males. The severity intal retardation has increased with each passing generation. Genetic testing is performed, and about 20% of the males who
Menta of menave	A collagen B Dystrophin C Fibrillin [T] D NF-1 protein E Spectrin Il retardation has affected several generations of a family, and most of the affected individuals have been males. The severity intal retardation has increased with each passing generation. Genetic testing is performed, and about 20% of the males who the genetic abnormality are unaffected. Which of the following mechanisms is most likely to produce this genetic condition?
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Mentave	A collagen 3 Dystrophin C Fibrillin [T] NF-1 protein E Spectrin Al retardation has affected several generations of a family, and most of the affected individuals have been males. The severity intal retardation has increased with each passing generation. Genetic testing is performed, and about 20% of the males who the genetic abnormality are unaffected. Which of the following mechanisms is most likely to produce this genetic condition? A Trinucleotide repeat mutation [T] Frameshift mutation C Missense mutation D Point mutation E Mitochondrial DNA mutation E Mitochondrial DNA mutation E A La
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In type	A collagen 3 Dystrophin C Fibrillin [T] NF-1 protein E Spectrin Al retardation has affected several generations of a family, and most of the affected individuals have been males. The severity intal retardation has increased with each passing generation. Genetic testing is performed, and about 20% of the males who the genetic abnormality are unaffected. Which of the following mechanisms is most likely to produce this genetic condition? A Trinucleotide repeat mutation [T] Frameshift mutation C Missense mutation D Point mutation E Mitochondrial DNA mutation E Mitochondrial DNA mutation E A La
follow  follow  file  Graph of the second of	A collagen 3 Dystrophin 5 Fibrillin [T] 6 NF-1 protein 6 Spectrin 6 Interactation has affected several generations of a family, and most of the affected individuals have been males. The severity intal retardation has increased with each passing generation. Genetic testing is performed, and about 20% of the males who the genetic abnormality are unaffected. Which of the following mechanisms is most likely to produce this genetic condition? 8 Frameshift mutation 9 Point mutation 10 Point mutation 10 Point mutation 11 Editochondrial DNA mutation 12 A Allergy. 13 A anaphylaxis 14 C bacteria 15 C complement [T] 16 Virus 16 Itims whose blood group is A positive is transfused with B positive blood by mistake the patient develops a generalized rash
In type	A collagen 3 Dystrophin 4 Fibrillin [T] 5 NF-1 protein 5 Spectrin 6 Interactation has affected several generations of a family, and most of the affected individuals have been males. The severity intal retardation has increased with each passing generation. Genetic testing is performed, and about 20% of the males who the genetic abnormality are unaffected. Which of the following mechanisms is most likely to produce this genetic condition? 8 Frameshift mutation 9 Point mutation 1 Mitochondrial DNA mutation 2 Hitochondrial DNA mutation 2 A A Allergy. 3 A Allergy. 4 Complement [T] 5 Virus 5 Virus 6 Virus 6 Virus 7 Virus 8 Virus Viru

D hypersensitivity 4		
E hypersensitivity 5		
A 20 year old girl is aller diagnosis?	rgic to flowers, on exposure in spring she experiences sneezing, breathlessness and rash. What is the	
A Atopy.		
B anaphylaxis [T]		
○ C COPD		
D Carditis		
E pancarditis		
A 10 year old boy comes	s to A&E with runny nose, sneezing and rash after going in the fields. What is your diagnosis?	
A Allergy. [T]		_
B asphyxia		
C carditis		
<ul><li>D pericarditis</li></ul>		
E syncope		
normal serum electrolyte no metastases. Immuno	on. A chest radiograph shows an irregular perihilar 5-cm mass of the right lung. Laboratory studies show es. A transbronchial biopsy specimen showed small cell carcinoma on microscopy. A bone scan shows histochemical staining of the tumor cells is most likely to be positive for which of the following	
A Antidiuretic hormon	ne	
B Corticotropin [T]		
C Erythropoietin		
O Insulin		
E Parathyroid hormo	ne-related peptide	
from the time of diagnos characteristic of this gro	s patients diagnosed with carcinoma whose tumor stage is T4N1M1. The patients' survival rate 5 years sis is less than 50%, regardless of therapy. Which of the following clinical findings is most likely to be oup of patients	
A Cachexia [T]		
B Loss of sensation		
C Cardiac murmur		
D Icterus		
E Splenomegaly		_
He has mild scleral icter	history of intravenous drug use. Physical examination shows needle tracks in his left antecubital fossa. rus. Serologic studies for HBsAg and anti-HCV are positive. He develops hepatocellular carcinoma 15 e following viral characteristics best explains why this patient developed hepatocellular carcinoma?	
A Viral integration in	the vicinity of proto-oncogenes	
B Viral capture of pro	oto-oncogenes from host cellular DNA	
C Viral inflammatory	changes with genomic damage [T]	
D Viral inactivation o	f RB and p53 gene expression	
E Viral infection with	host immunosuppression	
lower abdominal mass is scan shows a 6-cm mas	had vaginal bleeding for1 week. Her last menstrual period was 10 years ago. On physical examination, a s palpated. An endometrial biopsy is performed and shows endometrial carcinoma. An abdominal CT is in the left ovary. A total abdominal hysterectomy is performed. Microscopically, the ovarian mass is a mor producing estrogen. Which of the following best describes the relationship between these two	
A Genetic susceptibi	ility to tumorigenesis	L
_	ation of a tumor suppressor gene	
C Paraneoplastic syr		
D Promotion of carci		
E Tumor heterogene		
L runnor neterogene	ny	

○ A APC	nalysis cible ch of the
○ B BCL2	
C HER2Neu	
○ D MYC	
© E VHL[T]	
An investigational study reviews cells harvested from patients 30 to 50 years of age who had right-sided colon cancer with multiple polyps present. These patients typically devel- op multiple malignant lesions of the colon during middle age. Mole analysis of the cells from the lesions shows changes in hPMS1, hPMS2, and hMLH1 genes. Which of the following princip carcinogenesis is best illustrated by this study?	ecular
A Carcinogenesis is a multistep process	
B Inability to repair DNA is carcinogenic [T]	
C Tumor initiators are mutagenic	
D Tumor promoters induce proliferation	
E Many oncogenes are activated by translocations	
A 54-year-old woman notes a lump in her right breast. Physical examination shows a 2-cm mass fixed to the under-lying t beneath the areola and three firm, nontender, lymph nodes palpable in the right axilla. There is no family history of cancer excisional breast biopsy is performed, and microscopic examination shows Invasive ductal carcinoma Over the next 6 mo additional lymph nodes become enlarged, and CT scans show nodules in the lung, liver, and brain. Which of the following molecular abnormalities is most likely to be found in her carcinoma cells?	. An onths,
A Amplification of the ERBB2 (HER2) gene [T]	
B Fusion of BCR and C-ABL genes	
C Inactivation of one BRCA1 gene copy	
D Deletion of one RB gene copy	
E Mutation of one p53 gene copy	
A 38-year-old woman has abdominal distention worsening for the past 6 weeks. An abdominal CT scan shows bowel obstrocaused by a 6-cm mass in the jejunum. At laparotomy, a portion of the small bowel is resected. Flow cytometric analysis of portion of the tumor shows a clonal population of B lymphocytes with high S phase. Translocation with activation of which following nuclear oncogenes is most likely to be present in this tumor?	fa
○ A APC	
○ B EGF	
○ C MYC [T]	
O D RAS	
○ E P53	
based on ILAR (international league against rheumatism) how do u define polyarticular JIA based on number of joints invo	olved?
A 4 or more	
A 4 or more	
A 4 or more  B 5 or more [T]	
A 4 or more B 5 or more [T] C 2 or more	
<ul> <li>A 4 or more</li> <li>B 5 or more [T]</li> <li>C 2 or more</li> <li>D 3 or more</li> </ul>	
A 4 or more  B 5 or more [T]  C 2 or more  D 3 or more  E less than 2  Parents of a 3 year old bring their child to your clinic with complaints of her inability to move right leg and fever for last 3 of the child looks cranky, is febrile to touch. You attempt to examine her leg and she cries out in pain. The knee joint is seoil that and tender. The child kerps the leg in flexed position. You order lab work and x ray rt knee joint. Cbc shows hb 9.2, tlc with 90% neutrophils, CRP is 32 X ray knee shows loss accumulation of synovial fluid. You advise the parents to admit the	en, red, 30,000
A 4 or more  B 5 or more [T]  C 2 or more  D 3 or more  E less than 2  Parents of a 3 year old bring their child to your clinic with complaints of her inability to move right leg and fever for last 3 or the child looks cranky, is febrile to touch. You attempt to examine her leg and she cries out in pain. The knee joint is seoll that and tender. The child kerps the leg in flexed position. You order lab work and x ray rt knee joint. Cbc shows hb 9.2, the with 90% neutrophils, CRP is 32 X ray knee shows loss accumulation of synovial fluid. You advise the parents to admit the What is the most probable diagnosis	en, red, 30,000
A 4 or more  B 5 or more [T]  C 2 or more  D 3 or more	en, red, 30,000

O post infectious arthritis	
E achondroplasia	
A 35 year old male presents to the clinic with a 6 months history of low back pain with stiffness. The stiffness lasts abominutes and tends to improve with activity. There is no history of trauma. On examination he has minimal tenderness a spine and the left sacroiliac joint. His blood tests show normal CRP and full blood count .X-rays of the lumbosacral spacroiliac joint are normal. Based on his symptoms what is the next best test to asses his symptoms further?	t the lumbar
A DEXA scan	
B MRI sacroiliac joint with STIR sequence [T]	
C MRI lumbar spine	
D Ultrasound of the spine	
E X-ray thoracolumbar spine	
A young man has sustained abrasion on the forehead during a fight, what is the nature of injury according to Q&D AC	T?
A Shajjah-I-khafifah [T]	
B Shajjah-I-Mudihah	
C Shajjah-I-Hashimah	
D Shajjah-I-Munaqqillah	
○ E JURH JAIFAH	
A through and through fire arm injury to the thigh in which femur has been broken into many pieces, the nature of inju	ury is?
A A. Damiyah	
B B. Badiah	
C C. Mudihah	
O D. Hashimah	
○ E E. Munaqqillah [T]	
Punishment by causing similar hurt at the same of the body of convict as he has caused to the victim or by causing hi he has committed Qatl-I-Amd, refers to ?  A A. ARSH	is death if
B B. DAMAN	
C C. DIYAT	
D D. TAZIR	
© E E. QISAS [T]	
Bone and joint infections include septic arthritis, prosthetic joint infections, osteomyelitis, spinal infections (discitis, vosteomyelitis and epidural abscess) and diabetic foot osteomyelitis. What is the most common source of bone and joinfection?	
A Direct spread	
○ B Haematogenous [T]	
○ C Lymphatic	
O Percutaneous	
○ E Surgical procedure	
Osteomyelitis is an infection of the bones, a rare but serious condition. Bones can become infected by a number of m organism. Acute osteomyelitis is most commonly caused by?	icro-
A Actinomyces bovis	
B Borrelia Vincentii	
C Haemophilus influenzae	
D Nocardia asteroids	
E Staphylococcus aureus [T]	
Septic arthritis is spread of infection to the joint fluid and joint tissues and can be caused by many different types of b	pacteria,
viruses or fungi. Name the most likely organism responsible for causing Septic arthritis in a 2-year-old child.	

B Hemophilus influ	enzae	
C Neisseria gonorr	hoeae	
O Pseudomonas		
E Staphylococcus	aureus [T]	
getting bigger during t	oresents to the physician with a 2-cm ulcerated lesion on the palm of her hand that has been gradually the past month. The lesion is only slightly tender and is not red, hot, or painful. An aspirate of the lesion suspecting a fungal skin infection. On which agar is she going to put the aspirate?	1
A Blood agar.		
B Chocolate agar		
C CLED agar		
D Lowenstein Jens	sen agar	
E Sabouraud's aga	ar [T]	
A 10-year-old boy with	tinea pedis (athlete's feet) presents to the doctor. What type of infection is this?	1
A Autoimmune		
B Bacterial		
C Fungal [T]		
D Parasitic		
○ E Viral		
A 15 year old girl prese	ents with fluid filled lesions on face along with honey colored crusts. Which microorganism is involved?	1
A Ascaris lumbrico	ides	
B Bacillus anthracia	S S	
C Giardia lamblia		
D Listeria monocyt	ogenes	
○ E Streptococcus py		
A Congo red stain  B Giemsa stain	e done on this sample of pus?	
C Gram stain [T]		
O Orange stain		
E Zeil- Nelson stair	n	
and brown deposits .H	sent an osteolytic lesion in distal epiphysis of right femur. Tumor is resected. Gross shows multiple cysts listologically, it is composed of sheets of monotonous cells, uniformly scattered multinucleated giant cells siderin. Features are most consistent with:	0
A brown tumor of h	nyperparathyroidism	
B Chondroblastom	a	
C Giant cell repara	tive granuloma	
D Giant cell tumor	[T]	
E Pigmented villo r	nodular tenosynovitis	
related to the scaling p swelling, primarily invo- silvery scales that indu	sents with a 1-month history of fatigue, mild fever, and an erythematous scaling rash. His major concern is plaques distributed on his knees, buttocks, elbows, scalp, and feet. He also notes some joint pain and olving the small bones of his fingers. Physical examination reveals erythematous plaques with adherent uce punctate bleeding points when removed. Biopsy of lesional skin would most likely show an of the following cells in the epidermis?	0
A B lymphocytes		
B Melanocytes		
C Mast cells		
D Neutrophils [T]  E T lymphocytes		
□ □ □ IVIIIDHOCVIES		

Septic arthritis is a painful infection in a joint that can come from microorganism that travel through the bloodstream from another part of the body. Septic arthritis can be caused by many different types of bacteria, viruses or fungi. Name the most likely organism responsible for causing Septic arthritis in a 5-year-old child.
A Staphylococcus aureus [T]
B Staphylococcus epidermidis
C Streptococcus pneumoniae
D Streptococcus pyogenes
○ E Streptococcus viridans
A 48-year-old man was admitted to the emergency department with the chief complaint of an excruciating pain in his left ankle.  The pain had started the previous night and increased over several hours. The patient reported that he sprained his ankle 1 week ago. On physical examination, the ankle appeared warm and tender, and the entire area was red and swollen. A synovial fluid analysis showed crystals engulfed by phagocytes. A diagnosis was made, and a pharmacotherapy was prescribed. Which of the following drugs would be most appropriate to treat the patient's pain?
A Allopurinol
B Aspirin
C Codeine
D Indomethacin [T]
○ E Methotrexate
A 55-year-old man complained to his physician that a rash had appeared the previous day on his thorax and legs. The patient was recently diagnosed with hyperuricemia and had been receiving allopurinol for 2 weeks. The physician suspected the rash was due to the ongoing pharmacotherapy and decided to discontinue allopurinol and to start a treatment with probenecid. The physician should advise the patient not to concurrently use which of the following drugs?
A Acetaminophen
○ B Aspirin [T]
○ C Ibuprofen
O Loratidine
○ E Phenylephrine
A 43-year-old man suffering from rheumatoid arthritis complained to his physician that his joint pain had increased recently despite current naproxen and hydroxychloroquine therapy. The patient was otherwise healthy, and his past medical history was unremarkable. Which of the following drugs would be appropriate to add to the patient's therapy at this time?
A Acetaminophen
B Amitriptyline
C Diclofenac
D Fentanyl
○ E Methotrexate [T]
A 49-year-old man diagnosed with inguinal hernia was prepared for surgery. Shortly after the initiation of general anesthesia with halothane and succinylcholine, the patient developed muscle rigidity, tachycardia, labile blood pressure, profuse diaphoresis, and high fever (104.2°F, 40.1°C). The anesthesia was discontinued at once, and a drug was administered by rapid intravenous push.  Which of the following was most likely the mechanism of action of the administered drug?
A Activation of GABAB receptors in the spinal cord
B Blockade of Ca 2+ channels in the sarcoplasmic reticulum [T]
C Blockade of Ca 2+ channels in the skeletal muscle membrane
D Blockade of excitatory neurotransmitter release in the brain
☐ E Increased K+ conductance in the skeletal muscle membrane
Anemia is a common health problem in poor communities. The most common reason of high prevalence of this condition is
A Hookworm infestation
B Insufficient iron intake
○ C Malaria
D Poor bioavailability of dietary iron [T]
☐ E Roundworm infestation

○ A 0.01ml	
○ B 0.05ml [T]	
○ C 0.1ml	
○ D 0.2ml	
○ E 1.5ml	
parents of a 1 year old come to your clinic with the complaints of child being pale, lethargic and weak. the child has history of times blood transfusion. he is a product of a consanguinous marriage. O/E the child looks pale, has hepatosplenomegaly with weight of 7 kg. you order Hb electrophoresis and the diagnosis of thalassemia major is confirmed. You decide to councel the parents regarding the condition. what is the mode of inheritance	
A autosomal dominant	
B autosomal recessive [T]	
C x linked dominant	
D x linked recessive	
E mitochondrial	
A 38 year old female was admitted in medical ward after she developed some pin head rash on her body. Rash started initially lower limbs two weeks back but has now involved her thighs and abdomen. She also complains of one episode of epistaxis. Sis alert, oriented and vitally stable. Her systemic examination is unremarkable except petechiae and bruises on her body. Labs requested are all with in normal range except platelet count of 32000/cmm. Her coagulation profile is with in normal range as what is the next best step in her management?	She
A Corticosteroids [T]	
B Low dose heparin	
C Intravenous immunoglobulin	
D Platelet transfusion	
C Colonactomy	
he had huge splenomegaly. His blood CBC shows Hemoglobin 10.5 gm/dL, platelet count of 550000/ $\mu$ L WBC count of 122000 version and the splenomegaly.	vith
A 60-year-old man presented with fatigue, progressive pallor, and left upper abdominal discomfort for 6 months. On examination he had huge splenomegaly. His blood CBC shows Hemoglobin 10.5 gm/dL, platelet count of 550000/µL WBC count of 122000 victors and some splenomegaly. His blood CBC shows Hemoglobin 10.5 gm/dL, platelet count of 550000/µL WBC count of 122000 victors and transfer of the property of the prop	vith
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presumptive diagnos	· ·
A Acute Lympho	plastic Leukemia
B Acute Myeloid	Leukemia
C Chronic Lymph	nocytic Leukemia [T]
D Chronic Myelo	id Leukemia
E Myelodysplast	c Syndrome
ound that he had lo egion. A biopsy of h	omplained of fever, tiredness, and profuse night sweat for the last 5 months. On physical examination, it was st 10 kg weight in this duration and had markedly enlarged non-tender lymph nodes in the anterior cervical his lymph node was taken and sent for a hematopathologist's opinion, which stated that the lymph node has a with an inflammatory background of lymphocytes, macrophages, eosinophils, and plasma cells. What is the osis?
A Chronic Lymph	nocytic Leukemia
B Follicular Lymp	phoma
C Hairy Cell Leu	
D Hodgkin's Lym	
E Mantle Cell Ly	
,	presented with headaches, vertigo, and itching after a hot bath. His Hb was 19g/dL and HCT was 58%. He was cythemia Vera after molecular testing. What will be the serum erythropoietin level status in this patient?
A Decreased [T]	
B Increased	
C Markedly incre	ased
D Remained und	hanged
pack resulting cheek	esented to an ENT surgeon with bleeding from the nose and mouth. He had a history of falling one month wound, the bleeding did not stop and stitches were applied. In past, he had a history of prolonged bleeding then he was 14 months old. Now his laboratory investigations showed platelet counts of 270,000/mm3 (Normal ne of 16 minutes (normal is 2 -7minutes), a prothrombin time (PT) of 11 seconds (Normal), and an APTT of 70
a 7-years-old boy pr lack resulting cheek fter circumcision w Count) a bleeding tir	esented to an ENT surgeon with bleeding from the nose and mouth. He had a history of falling one month wound, the bleeding did not stop and stitches were applied. In past, he had a history of prolonged bleeding then he was 14 months old. Now his laboratory investigations showed platelet counts of 270,000/mm3 (Normal ne of 16 minutes (normal is 2 -7minutes), a prothrombin time (PT) of 11 seconds (Normal), and an APTT of 70 b. What is the most probable diagnosis?
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lymphadenopatny and moderate enlargement of the spieen on Ultrasound. His blood CBC shows Hemoglobin of 9.5 gm/dL,

D IVIEGAIODIASTIC ATTETTIA	
E Microangiopathic hemolytic anemia	
A 32-year-old woman has experienced dull pelvic pain for the past 2 months. Physical examination shows a right adnexal mass. An abdominal ultrasound scan shows a 7.5-cm cystic ovarian mass. The mass is surgically excised. On gross examination, the cystic mass is filled with hair. Microscopically, squamous epithelium, tall columnar glandular epithelium, cartilage, and fibrous connective tissue are present. Which of the following is the most likely diagnosis?	
A Hamartoma	
B Mesothelioma	
○ C Choristoma	
○ D Teratoma [T]	
○ E Fibroadenoma	
According to Hess's rule, when fetal length is 40cm, the age of fetus will be:	
A 4 months	
○ B 5 months	
C 6 months	
D 7 months	
E 8 months [T]	
Aseptic autolysis is found in:	
A Adipocere	
B Baby born with congenital anomalies	
C Mummification	
D Maceration [T]	
E putrefaction	
Specimen taken during autopsy for DNA profiling should be preserved in:	
A 10 % Formalin	
B 33% saline solution	
C 90% Alcohol	
D No preservative should be added and it should be frozen at -20°C [T]	
E Normal saline solution	
Post mortem examination under section CrPc 176 is about:	
A Autopsy examination	
B Clinical autopsy	
C Dead due to anesthesia	
D Exhumation [T]	
E Medico legal examination of victim of sexual assault	
An unknown dead body is supposed to be sent to the anatomy department for the purpose of dissection. Which of the following procedure will be needed in such a case:	
A Dissection	
○ B Embalming [T]	
○ C Freezing	
O Mummification	
E Submersion of body in saturated solution of sodium chloride	
The immediate source of energy for muscular contraction is:	
○ A ATP [T]	
B Creatine phosphate	
C Fatty acids	
D Glucose	

E Glycogen	
Rigor mortis first appears in:	1
○ A Eye lids [T]	
☐ B Muscles of fingers and toes	
C Muscles of upper limb	
O Neck muscles	
E Muscles of the hips	
Postmortem lividity can be mistaken for:	1
A Abrasion	
B Antemortem bite marks	
C Bruise [T]	
D Postmortem artifact	
○ E Tetechial hemorrhage	
Fixation of postmortem hypostasis occurs in about:	C
A 12 to 18 hours	
B 18 to 24 hours	
C 2 to 3 hours	
○ D 6 to 8 hours [T]	
○ E 9 to 12 hours	
A Alcohol intoxication  B Carbamates poisoning	
B Carbamates poisoning	
○ C Organophosphorus poisoning [T]	
D Datura poisoning	
☐ E Paracetamol poisoning	
UNICEF has proposed certain indicators for comparison of status of people of various nations. Choose the most appropriate indicator used for assessing social development & well-being of population by UNICEF globally	C
A Per capita GDP	
B Per capita GNP	
○ C Life Expectancy	
D Maternal Mortality Ratio	
☐ E Under-5 mortality rate [T]	
UNICEF is an international health agency which provides humanitarian & developmental assistance to children and mothers in	1
developing countries. Choose the most appropriate option regarding this organization:  A It is promoting GOBI which stands for Goal Oriented Basic Initiation	
B It was founded in 1960	
C The existing name of this agency is "United Nations Children's Fund" [T]	
D The head quarter of this agency is in Geneva, Switzerland	
E It is not a multilateral agency but independent.	
The biggest health organization of world is World Health Organization. The head quarter of this organization is based in:	(
A London	
B Geneva [T]	
C New York city	
D Paris	
○ F Rio de Janeiro	

accidental ingestion of iron supplementation tablets. This patient should be immediately treated with which of the following?  A Activated charcoal  B Deferasions  C Deferosamine [T]  B Romploster  E Sargramoster  A Light in her first trimester of prognancy came for her routine antenatal visit. The gynaecologist prescribed a drug to prevent neural tube defects in fetus. Which of the following drugs was prescribed?  A Cyanocobalamin  B Farrous sutitate  C Folic acid  D for dextran  E Vitamin K [T]  Which of the following is the commonest adverse effect of Erythropoletin?  A Capillary loak syndrome  B Dyspnes  C Hypokalemia  D Neuropenia  E Pure red cell aplasts [T]  Acquired immunodefficiency syndrome (AIDS) is a chronic, potentially life-threatening condition caused by the human immunodefficiency virus (INV). The virus attacks and weakens the immune system and kills:  B CD4-positive T lymphocytes  B CD4-positive T lymphocytes  B CD4-positive T lymphocytes [T]  C C DB, positive T lymphocytes  B CD4-positive T lymphocytes  B Lymphocyte stem cells  A child stung by a bee experiences respiratory distress within minutes and lapses into unconsciousness. This reaction is probably mediated by:  A Complement  B ligE antibody [T]  C liga antibody  D light antibody  E Sensitized T cells  The most common cells of the immune system can be categorized as lymphocytes (T cells, B cells, and NK cells), neutrophilis, and omnoxytes/ macrophages. Certain components of our immune system are characterized by two attributes: being able (T) to respond specifically to microbea not common cells of the immune system can be categorized as lymphocytes (T cells, B cells, and NK cells), neutrophilis, and monoxytes/ macrophages. Certain components of our immune system are characterized by two attributes: being able (T) to respond specifically to microbea neutrophysical tenency of having responded to a particular microbe previously. Which one of the following has BOTH specificity and memory?  B Dendritic cells  E Neutrophilis  The innate immun	L TIIO OC OGNOTO	
B Defensation C Defenoxamine [T] D Romiplostim E Sargramostim Alady in her first trimester of pregnancy came for her routine antenatal visit. The gynaecologist prescribed a drug to prevent neural tube defects in fetus. Which of the following drugs was prescribed? A Cyanocolaumin B Ferrous sulfate C Folic acid D Iron dextran E Valamin K [T] Which of the following is the commonest adverse effect of Erythropoletin? A Capillary leak syndrome B Dyspnea C Hypockalemia D Neutropenia D E var ved cell aplasia [T] Acquired immunodeficiency syndrome (AIDS) is a chronic, potentially life-threatening condition caused by the human immunodeficiency virus (HV). The virus attacks and weakens the immune system and kills: A B hymphocytes B CD4-positive T hymphocytes [T] C CD4-positive T hymphocytes D CD11-positive T hymphocytes E Lymphocyte stem cells A Child strup by a bee experiences respiratory distress within minutes and lapses into unconsciousness. This reaction is probably mediated by: A Complement B B [C amithody C [G] antibody D IgM antibody E Sensitized T cells The most common cells of the immune system can be categorized as lymphocytes (T cells, B cells, and NK cells), neutrophilis, and monocytes/ macrophages. Certain components of our immune system are characterized by two attributes: being able (1) to respond specifically to microbes and (2) to exhibit memory of having responded to a particular microbe previously. Which one of the following has BOTH specificity and memory? A B cells [T] B B Dandric cells The innate immune system is the body's first line of defense against pathogens entering the body and do not depend upon provious exposure to an antigen. Which one of the following is an attribute of the innate, rather than the adaptive (acquired), arm of our host defenses?  A Exhibits memory following exposure to bacteria	A child was brought to the emergency department with necrotizing gastroenteritis, shock and metabolic acidosis due to accidental ingestion of iron supplementation tablets. This patient should be immediately treated with which of the following?	(
C Deferoxamine [T] D Romiplostim E Sarganostim A Rody in her first trimester of pregnancy came for her routine antenatal visit. The gynaecologist prescribed a drug to prevent neural tube defects in fetus. Which of the following drugs was prescribed? A Cynanocolalamin B Forrous sultate C Folic acid D Iron dextran E Vitamin K [T] Which of the following is the commonest adverse effect of Erythropoletin? A Capillary leak syndrome B Dysprea C Hypokalamia D Neutropenia D Neutropenia D Neutropenia D Neutropenia D Neutropenia B CD4-positive T lymphocytes B CD4-positive T lymphocytes B CD4-positive T lymphocytes C D CD11-positive T lymphocytes C D CD11-positive T lymphocytes D D D D D D D D D D D D D D D D D D D	A Activated charcoal	
A lady in her first trimester of pregnancy came for her routine antenatal visit. The gynaecologist prescribed a drug to prevent neutral tube defects in fetus. Which of the following drugs was prescribed?  A Cyanocobalamin  B Ferrous sulfate  C Folic acid  D Iton dostran  E Vitamin K [T]  Which of the following is the commonest adverse effect of Erythropoletin?  A Cagillary leak syndrome  B Dyspnea  C Hypostalemia  D Neutropenia  E Pure red cell aplasia [T]  Acquired Immunodefficiency syndrome (AIDS) is a chronic, potentially life-throatening condition caused by the human immunodefficiency virus (HIV). The virus attacks and weakens the immune system and kills:  A B lymphocytes  B CO4-positive T lymphocytes [T]  C COB-positive T lymphocytes [T]  C CDB-positive T lymphocytes  E Lymphocyte stem cells  A child stung by a bee experiences respiratory distress within minutes and lapses into unconsciousness. This reaction is probably mediated by:  A Complement  B lg antibody  E Sensitized T cells  The most common cells of the Immune system can be categorized as lymphocytes (T cells, B cells, and NK cells), neutrophilis, and amoncytes/ macrophages. Certain components of our immune system are characterized by two attributes: being able (1) to respond specifically to microbes and (2) to exhibit memory of having responded to a particular microbe previously. Which one of the following has BOTH specificity and memory?  A B cells [T]  B D Dondritic cells  The innate immune system is the body's first line of defense against pathogens entering the body and do not depend upon previous exposure to an antigen. Which one of the following is an attribute of the innate, rather than the adaptive (acquired), am of our host defenses?  A Exhibits memory following exposure to bacteria	B Deferasirox	
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	A Exhibits memory following exposure to bacteria	

D Is part of our ho	·	
	st defense against bacteria but not against fungi	
E Responds to viri	uses and fungi, but not bacteria	
-	h enlargement of superficial lymph nodes and mild hepatosplenomegaly is diagnosed as having chronic ELL). The most important criteria for diagnosis of this disease is the	
A Absence of blas	ts in blood smear	
B Absolute lympho	ocytosis [T]	
C Male predomina	nce	
D Presence of enla	arged lymph nodes	
E Presence of hyp	ogammaglobulinemia	
-	eatment with sulfonamides a patient's hemoglobin had decreased from 14.7 gm/100ml to 10gm/100ml. The emolysis in this patient is	
A Coombs positive	e hemolytic anemia	
B Glucose 6-phos	phate dehydrogenase deficiency (G6PD) [T]	
C Hereditary sphe	rocytosis	
D Sickle cell disea	se	
E Thalassemia mii	nor	
	nberg cells are either infrequent or absent. Instead, lymphocytic and histiocytic cells or "popcorn cells" are und of inflammatory cells, which are predominantly benign lymphocytes. Which type of Hodgkin's ne description	
A Lymphocyte dep	leted	
B Lymphocyte pre-	dominance [T]	
C Lymphocyte rich		
D Mixed cellularity		
E Nodular sclerosi	S	
bands of fibrous conn	lenopathy. Biopsy of one lymph node is performed, and microscopic examination shows a pattern of thick ective tissue with intervening lymphocytes, plasma cells, eosinophils, macrophages, and occasional Reed-	l,
-	dominal CT scan and bone marrow biopsy specimen show no abnormalities. Which of the following is the this patient's disease?	ľ
-	this patient's disease?	
most likely subtype of	this patient's disease?	
Most likely subtype of  A Lymphocyte dep	this patient's disease?  pletion  dominance	
most likely subtype of  A Lymphocyte dep  B Lymphocyte pre-	this patient's disease?  Idention  Identify the patient of the pat	
Most likely subtype of  A Lymphocyte dep  B Lymphocyte pre-  C Lymphocyte rich	this patient's disease?  pletion  dominance	
A Lymphocyte dep B Lymphocyte pre C Lymphocyte rich D Mixed cellularity E Nodular sclerosi A patient presents with	this patient's disease?  pletion  dominance	
A Lymphocyte dep B Lymphocyte rich C Lymphocyte rich D Mixed cellularity E Nodular sclerosi A patient presents with	this patient's disease?  Idention  Idention  Identify the series of the	
A Lymphocyte dep B Lymphocyte rich C Lymphocyte rich D Mixed cellularity E Nodular sclerosi A patient presents with	bletion dominance s [T] h abdominal lymphadenopathy and peripheral blood lymphocytosis. The immunophenotype is CD22+ CD5+ tic analysis shows a t(11:14) translocation. What is the diagnosis?  cytic lymphoma variant	
A Lymphocyte dep B Lymphocyte pred C Lymphocyte rich D Mixed cellularity E Nodular sclerosi A patient presents with and CD23 Cytogened	Ithis patient's disease?  Idetion  Ideminance  Is [T]  In abdominal lymphadenopathy and peripheral blood lymphocytosis. The immunophenotype is CD22+ CD5+  tic analysis shows a t(11:14) translocation. What is the diagnosis?  Cytic lymphoma variant  Cell lymphomas	
A Lymphocyte dep B Lymphocyte pred C Lymphocyte rich D Mixed cellularity E Nodular sclerosi  A patient presents with and CD23 Cytogener A Chronic lymphocyte pred B Diffuse large B-cytogenery	Ithis patient's disease?  Idetion  Idention  Idention  Idention  Is [T]  In abdominal lymphadenopathy and peripheral blood lymphocytosis. The immunophenotype is CD22+ CD5+  Itic analysis shows a t(11:14) translocation. What is the diagnosis?  In abdominal lymphadenopathy and peripheral blood lymphocytosis. The immunophenotype is CD22+ CD5+  Itic analysis shows a t(11:14) translocation. What is the diagnosis?  In abdominal lymphadenopathy and peripheral blood lymphocytosis. The immunophenotype is CD22+ CD5+  Itic analysis shows a t(11:14) translocation. What is the diagnosis?  In abdominal lymphadenopathy and peripheral blood lymphocytosis. The immunophenotype is CD22+ CD5+  Itic analysis shows a t(11:14) translocation. What is the diagnosis?	
A Lymphocyte dep B Lymphocyte pred C Lymphocyte rich D Mixed cellularity E Nodular sclerosi A patient presents with and CD23 Cytogened A Chronic lymphocyte pred B Diffuse large B-Cytoglar lymphocyte pred C Follicular	Ithis patient's disease?  Idetion  Ideminance  Is [T]  In abdominal lymphadenopathy and peripheral blood lymphocytosis. The immunophenotype is CD22+ CD5+  Itic analysis shows a t(11:14) translocation. What is the diagnosis?  It is cyclic lymphoma variant  It is cyclic lymphomas  It is compared to the diagnosis of the diagnosis	
most likely subtype of  A Lymphocyte dep  B Lymphocyte pre-  C Lymphocyte rich  D Mixed cellularity  E Nodular sclerosi  A patient presents with and CD23 Cytogenet  A Chronic lymphocyte pre-  B Diffuse large B-cytogenet  C Follicular lymphocyte pre-  D Marginal zone lyte E Mantle cell lymphocyte pre-  E Mantle cell lymphocyte pre-  A 4-year-old boy has a 2 days, large ecchymocyte pre-  28.7%; MCV, 96 µm3; plasts that lack peroxitansferase negative (	Ithis patient's disease?  Idetion Identification Id	
A Lymphocyte dep B Lymphocyte pred C Lymphocyte rich D Mixed cellularity E Nodular sclerosi  A patient presents with and CD23 Cytogener A Chronic lymphocyte and CD23 Cytogener C Follicular lymphocyte pred D Marginal zone lymphocyte pred E Mantle cell lymphocyte pred E Mantle cell lymphocyte pred A 4-year-old boy has a 2 days, large ecchymocyte pred 28.7%; MCV, 96 µm3; plasts that lack peroxitaransferase negative (	It his patient's disease?  It is patient's disease?  It is [T]  It is [T]  It is abdominal lymphadenopathy and peripheral blood lymphocytosis. The immunophenotype is CD22+ CD5+ tic analysis shows a t(11:14) translocation. What is the diagnosis?  It is proposed listless during the past week. He exhibits irritability when his arms or legs are touched. In the past uses have appeared on the right thigh and left shoulder. CBC shows hemoglobin, 9.3 g/dL; hematocrit, colatelet count,45,000/mm3; and WBC count, 13,990/mm3. Examination of the peripheral blood smear shows in the positive granules, but contain PAS-positive aggregates and stain positively for deoxynucleotidy!  It is patient's disease?  It is patient's disea	
A Lymphocyte dep B Lymphocyte pred C Lymphocyte rich D Mixed cellularity E Nodular sclerosi  A patient presents with and CD23 Cytogener A Chronic lymphocoby B Diffuse large B-coby C Follicular lymphocoby B Marginal zone lywy E Mantle cell lymp A 4-year-old boy has a 2 days, large ecchymocoby 28.7%; MCV, 96 µm3; pollasts that lack peroxist transferase negative (is the most likely diag	this patient's disease?  Idention Identify and peripheral blood lymphocytosis. The immunophenotype is CD22+ CD5+ Itic analysis shows a t(11:14) translocation. What is the diagnosis?  In addominal lymphadenopathy and peripheral blood lymphocytosis. The immunophenotype is CD22+ CD5+ Itic analysis shows a t(11:14) translocation. What is the diagnosis?  In additional lymphoma variant Itic lymphomas  In additional lymphoma variant  Itic lymphoma  In additional lymphomas  In additional lymphodenotype  In ad	

E Idiopathic thrombocytopenic purpura  A 6 month old untransfused child presented with lethargy, failure to thrive and looking pale. CBC is showing Hb of 5.6, MCV-5 and peripheral blood picture showing microcytic hypochromic red cells, target cells and anisopoikilocytosis. Hb HPLC is shown that the following microcytic hypochromic red cells, target cells and anisopoikilocytosis. Hb HPLC is shown that F of 100%. The most likely diagnosis is  A α thalassemia  B β thalassemia major [T]  C δβ thalassemia  D δ thalassemia  E HPFH	
and peripheral blood picture showing microcytic hypochromic red cells, target cells and anisopoikilocytosis. Hb HPLC is sho Hb F of 100%. The most likely diagnosis is  A α thalassemia B β thalassemia major [T] C δβ thalassemia D δ thalassemia	
D δ thalassemia  D δ thalassemia	
C δβ thalassemia D δ thalassemia	
D δ thalassemia	
○ E HPFH	
The characteristic red cell indices in hereditary spherocytosis are: a. b. c. d.	(
A High MCV, increased MCHC, increased RDV	
B High MCV, increased MCHC, decreased RDV	
C Low MCV, increased MCHC, decreased RDV	
D Low MCV, high MCHC, increased RDV [T]	
E Low MCHC, increased MCV, decrease RDV	
A 45-year-old man with chronic renal failure received a kidney transplant from his brother 36 months ago. For the next 30 mor he had only minor episodes of rejection that were controlled with immunosuppressive therapy. During the past 6 months, he lad increasing serum creatinine and urea nitrogen levels. On physical examination, he is afebrile. Microscopic examination of urinalysis specimen shows no WBCs. A renal scan shows that the allograft is reduced in size with reduced blood flow. Which the following immunologic processes most likely accounts for these findings?	nas f a
A Complement-mediated cell lysis	
B Delayed hypersensitivity	
C Macrophage-mediated cell lysis	
D Release of leukotriene C4 from mast cells	
E Vascular intimal immunologic injury [T]	
HLA proteins are present on all of the following except:	C
A ovum [T]	
B Platelets	
○ C Sperm	
O Tumor	
○ E WBCs	
Sexual offense in which seminal detection is not needed is:	
A Bestiality	
○ B Fellatio	
○ C Rape	
O Sodomy	
○ E Tribadism [T]	

Herd immunity is a form of indirect protection from infectious diseases that occur when a large percentage has become immu to an infection. Choose from the following situations that will enhance herd immunity	0
A Better access to medical facilities	'
○ B Large number of immunocompromised people	
C Large number of subclinical cases [T]	
D Migration of large number of non-immune people	
E Majority of the population in between 1-15 years of age group	
According to a study done by Pakistan Medical Research Council in 2007-08 percentage of Pakistani population suffered with hepatitis B and C	0
○ A 5.5%	
○ B 3%	
C 7.6% [T]	
○ D 6%	
○ E 8%	
A 50-year-old woman with rheumatoid arthritis was recently diagnosed with refractory disease, and infliximab was added to hongoing treatment. Which of the following endogenous compounds was most likely the molecular target of the drug?	er 1
A Epidermal growth factor	
B Interleukin -1	
C Interleukin -10	
D Tumor necrosis factor-α [T]	
E Vascular endothelial growth factor	
Osteomyelitis is an painful infection of the bones, a rare but serious condition caused by a number of microorganism. Acute osteomyelitis is most commonly caused by;  A Haemophilus influenzae	
B Neisseria meningitidis	
C Pseudomonas aeruginosa	
D Staphylococcus aureus [T]	
E Streptococcus pneumoniae	
A 36-year-old woman presents with a pigmented lesion on the posterior aspect of her left calf . An excisional biopsy demonst a superficial spreading type of melanoma. Which of the following histologic features has the most important prognostic value your evaluation of this patient?	
A Degree of melanocytic atypia	
B Degree of vascularity	
C Depth of dermal invasion [T]	
D Extent of intraepidermal invasion	
E Presence of variable melanin pigmentation	
A 20-year-old man has noted a cluster of small lesions on his upper lip for the past 5 days. On physical examination, there are four lesions ranging from 0.2 to 0.5 cm that are raised and filled with clear fluid. Which of the following descriptive terms best applies to his lesions?	
○ A Bullae	
B Macules	
○ C Papules	
○ D Pustules	
○ E Vesicles [T]	
"Sparrow foot" marks refer to:	1
A Fracture of feet in run over injuries	
O A Fracture of reet in full over injuries	
R Injuries to the face in explosions	
B Injuries to the face in explosions  C Injuries to the face of front seat occupants due to pieces of windscreen [T]	

D Multiple fractures in railway accidents		
E Rupture of liver in blunt trauma to abdomen		
Nobbing fractures are commonly seen in:		0
A battered baby syndrome [T]	I	
B fall from height		
C police torture		
D road traffic accident		
E traumatic asphyxia		
The fracture of skull bone resulting in opening of sutures is called:		0
A Comminuted fracture		_
B Depressed fracture		
C Diastatic fracture [T]		
D Fissured fracture		
E Gutter fracture		
Ewing's postulates refer to the relation of injury and:		0
A Alimentary system		_
B Crush Syndrome		
C Cancer [T]		
D Nervous system		
_ E Stress		_
Vhisplash injury involves:		0
A cervical spine [T]		
B coccygeal spine thoracic spine		
C lumbar spine		
D sacral spine		
E thoracic spine		
superficial bruise on the right shoulder which is not painful, the nature of injury	s?	0
A Damiyah		
B Badiah		
○ C Mutalahimah		
O D 337 L1		
○ E 337 L2 [T]		
Mrs Kamal 65 year old presents to outpatient clinic with history of back pain with history of back pain with his racture left distal radius 3 years ago. She also takes steroids on and off for her Ast with tenderness at the lumbar spine. Her X-ray shows vertebral collapse at L4. Bas maging what is the most likely cause of her symptoms?	hma. On examination she has got kyphosis	0
A Ankylosing Spondylitis		
B Rheumatoid Arthritis		
C Osteoarthritis		
D Osteomalacia		
E Osteoporosis [T]		
25-years old male presented with complaints of nasal obstruction from the last 4	-	1
eft. Patient was planned for septoplasty. Post op patient developed CSF rhinorrhed	a, Damage to which structure has occurred	_
A Lamina papyracae		
B Maxillary crest		
C Perpendicular plate of ethmoid [T]		
D Septal cartilage		

58-years old male	patient has been diagnosed with brain tumor affecting the right optic tract. What type of visual field defects
•	ual field testing in this patient?
A Right Homony	mous Hemianopia [T]
B Left Homonym	nous Hemianopia
C Bi-nasal Hemi	anopia
D Bi-temporal He	emianopia
E Macula sparin	g complete Hemianopia
lelayed with no visu	old bring their baby to opd complaining of his irritability and excessive crying. The child is developmentally ual following and hearing.O/E he has hepatosplenomegaly and chest on auscultation shows rhonchi. You k and CXR. CXR shows typical bone in bone appearance he is a product of consanguinous marriage. What is
A osteoporosis	
B osteomalacia	
C osteomyelitis	
D paget's diseas	se se
E osteopetrosis	[T]
•	en belonging to a poor community, developed bone pain and muscle weakness. The pain was dull, aching at nips, legs and ribs. The condition was due to deficiency of:
A Vitamin A	
B Riboflavin	
C Thiamine	
D Vitamin D [T]	
E Vitamin E	its are eighth leading cause of death globally and the main cause of death for young people aged 15-29.
E Vitamin E  Road traffic acciden  According to Haddo  A Pre-event	its are eighth leading cause of death globally and the main cause of death for young people aged 15-29.  in`s matrix, provision of ambulance fleet with trained staff would come under which phase?
E Vitamin E  Road traffic acciden According to Haddo A Pre-event B Event	n`s matrix, provision of ambulance fleet with trained staff would come under which phase?
E Vitamin E  Road traffic acciden According to Haddo  A Pre-event  B Event  C Post-event [T]	n`s matrix, provision of ambulance fleet with trained staff would come under which phase?
E Vitamin E  Road traffic acciden According to Haddo  A Pre-event  B Event  C Post-event [T]  D Host	n`s matrix, provision of ambulance fleet with trained staff would come under which phase?
E Vitamin E  Road traffic acciden According to Haddo  A Pre-event  B Event  C Post-event [T]	n`s matrix, provision of ambulance fleet with trained staff would come under which phase?
E Vitamin E  Road traffic acciden According to Haddo A Pre-event B Event C Post-event [T] D Host E Agent  Most important reas	on's matrix, provision of ambulance fleet with trained staff would come under which phase?
E Vitamin E  Road traffic acciden According to Haddo  A Pre-event  B Event  C Post-event [T]  D Host  E Agent  Most important reas njectable vaccine is	on's matrix, provision of ambulance fleet with trained staff would come under which phase?
E Vitamin E  Road traffic acciden According to Haddo  A Pre-event  B Event  C Post-event [T]  D Host  E Agent  Most important reas njectable vaccine is  A Provides 90%	on son for recommending oral polio vaccine in the polio eradication campaign despite availability of a safe sthat, it:
E Vitamin E  Road traffic acciden According to Haddo  A Pre-event  B Event  C Post-event [T]  D Host  E Agent  Most important reas njectable vaccine is  A Provides 90%	on for recommending oral polio vaccine in the polio eradication campaign despite availability of a safe a that, it:  immunity in one dose fere with vertical immunity
E Vitamin E  Road traffic accident According to Haddo  A Pre-event  B Event  C Post-event [T]  D Host  E Agent  Most important reas njectable vaccine is  A Provides 90%  B Does not inter	in s matrix, provision of ambulance fleet with trained staff would come under which phase?  son for recommending oral polio vaccine in the polio eradication campaign despite availability of a safe at that, it:  immunity in one dose fere with vertical immunity lated by WHO
E Vitamin E  Road traffic acciden According to Haddo  A Pre-event	
E Vitamin E  Road traffic acciden According to Haddo  A Pre-event  B Event  C Post-event [T]  D Host  E Agent  Most important reas njectable vaccine is  A Provides 90%  B Does not inter  C Has been don	in s matrix, provision of ambulance fleet with trained staff would come under which phase?  son for recommending oral polio vaccine in the polio eradication campaign despite availability of a safe at that, it:  immunity in one dose fere with vertical immunity lated by WHO
E Vitamin E  Road traffic acciden According to Haddo  A Pre-event  B Event  C Post-event [T]  D Host  E Agent  Most important reas njectable vaccine is  A Provides 90%  B Does not inter  C Has been don  D Provides herd	on for recommending oral polio vaccine in the polio eradication campaign despite availability of a safe a that, it:  immunity in one dose fere with vertical immunity lated by WHO limmunity [T]
E Vitamin E  Road traffic acciden According to Haddo A Pre-event B Event C Post-event [T] D Host E Agent  Most important reas njectable vaccine is A Provides 90% B Does not inter C Has been don D Provides herd E Has less side	on for recommending oral polio vaccine in the polio eradication campaign despite availability of a safe that, it:  immunity in one dose fere with vertical immunity lated by WHO limmunity [T] effects
E Vitamin E  Road traffic accidenta According to Haddo A Pre-event B Event C Post-event [T] D Host E Agent  Most important reas njectable vaccine is A Provides 90% B Does not inter C Has been don D Provides herd E Has less side  A 25 year old patienta as a five centimete	on for recommending oral polio vaccine in the polio eradication campaign despite availability of a safe at that, it:  immunity in one dose fere with vertical immunity lated by WHO limmunity [T] effects  t comes to Emergency Department with fracture Tibial Shaft as a result of motor bike accident 4 hours ago. Here long lacerated wound over the fracture site with exposed bone. What will be the most appropriate method of
E Vitamin E  Road traffic accident according to Haddo  A Pre-event  B Event  C Post-event [T]  D Host  E Agent  Most important reas nijectable vaccine is  A Provides 90%  B Does not inter  C Has been don  D Provides herd  E Has less side  25 year old patient as a five centimete	on for recommending oral polio vaccine in the polio eradication campaign despite availability of a safe a that, it:  immunity in one dose fere with vertical immunity lated by WHO limmunity [T] effects  t comes to Emergency Department with fracture Tibial Shaft as a result of motor bike accident 4 hours ago. He re long lacerated wound over the fracture site with exposed bone. What will be the most appropriate method of?
E Vitamin E  Road traffic acciden According to Haddo  A Pre-event  B Event  C Post-event [T]  D Host  E Agent  Most important reas njectable vaccine is  A Provides 90%  B Does not inter  C Has been don  D Provides herd  E Has less side  A 25 year old patient as a five centimete reating his fracture'	con for recommending oral polio vaccine in the polio eradication campaign despite availability of a safe sthat, it:  immunity in one dose fere with vertical immunity lated by WHO immunity [T] effects  t comes to Emergency Department with fracture Tibial Shaft as a result of motor bike accident 4 hours ago. He or long lacerated wound over the fracture site with exposed bone. What will be the most appropriate method of the content of the c
E Vitamin E  Road traffic accident According to Haddo  A Pre-event  B Event  C Post-event [T]  D Host  E Agent  Most important reas njectable vaccine is  A Provides 90%  B Does not inter  C Has been don  D Provides herd  E Has less side  A 25 year old patient as a five centimete reating his fracture  A External Fixati	con for recommending oral polio vaccine in the polio eradication campaign despite availability of a safe sthat, it:  immunity in one dose fere with vertical immunity lated by WHO immunity [T] effects  t comes to Emergency Department with fracture Tibial Shaft as a result of motor bike accident 4 hours ago. He or long lacerated wound over the fracture site with exposed bone. What will be the most appropriate method of the content of the c
E Vitamin E  Road traffic acciden According to Haddo  A Pre-event  B Event  C Post-event [T]  D Host  E Agent  Most important reas njectable vaccine is  A Provides 90%  B Does not inter  C Has been don  D Provides herd  E Has less side  A 25 year old patient nas a five centimete creating his fracture  A External Fixati  B Intra-medullary	con for recommending oral polio vaccine in the polio eradication campaign despite availability of a safe sthat, it:  immunity in one dose fere with vertical immunity lated by WHO immunity [T] effects  t comes to Emergency Department with fracture Tibial Shaft as a result of motor bike accident 4 hours ago. He or long lacerated wound over the fracture site with exposed bone. What will be the most appropriate method of the content of the c

A Bone Scan		
B CT Scan		
C DEXA Scan		
O MRI [T]		
○ E PET Scan		
	ongitudinal study to answer the research question "in adolescent population with clinically diagnosed e likelihood of committing suicide in the 12 months after first diagnosis?" what will be the most likely ch question:	1
A Descriptive		
B Diagnostic		
C Explanatory		
D Exploratory		
○ E Predictive [T]		
•	survey to study medical students' attitudes towards attending classes and their satisfaction in order to test endance will be positively correlated with satisfaction. What is the purpose of this study?	1
A Descriptive		
<ul><li>B Diagnostic</li></ul>		
C Explanatory [T]		
<ul><li>D Exploratory</li></ul>		
E Predictive		
What is the most likely of registered psycholog	purpose of an online, survey-based study entitled "A human resources survey of the working conditions gists"	(
A Descriptive [T]		
○ B Diagnostic		
C Explanatory		
<ul><li>D Exploratory</li></ul>		
E Predictive		
	a time in a religious community in order to learn whether there is a unique social psychological phenomena y. What is the goal of this study?	1
A Descriptive		
B Diagnostic		
C Explanatory		
D Exploratory [T]		
○ E Predictive		
•	research to study the socio-psychological impact of acid throwing on women in Pakistan. You want to rough a "grounded theory" which means	(
A As a social resea	archer, it is important to keep your feet on the ground [T]	
B Theoretical ideas	s and concepts should emerge from the data	
C Theories should b	be grounded in political values and biases	
D Theories should b	be tested by rigorous scientific experiments	
E Theories should be	be tested through quantitative methods	
similar to the one you a	paper and the majority of the research you've done is from the Web. You find research papers that are very are working on. You decide to use a few paragraphs from different internet papers, assemble that into one aper, word for word. You don't include a reference to the work. which type of plagiarism is this?	
A Auto Plagiarism		
B Mosaic Plagiarism	m [T]	
C Verbatim Plagiaris	ism	
D Accidental Plagia	arism	
○ E Paraphrasing Pla	agiarism	