**Appendix 1**

***Informed consent***

Mexico City \_\_/\_\_/\_\_\_

I consent to my child participating in the research protocol entitled: Sleep in the pediatric population with Autism Spectrum Disorder.

Whose goal is: Observation and evaluation of physiological activity during sleep.

It was explained to me that the participation consists in going to the neuroscience laboratory of the Psychology Department of UNAM for two consecutive nights to perform a polysomnographic study (sleep study).

I declare that I have been informed that the sleep study poses little or no risk to the participant's health. Furthermore, I will not incur any costs as a result of the care I will receive during the study.

The researcher in charge has undertaken to inform me in a timely manner of the results of my sleep study in order to obtain the maximum benefit to my health, and to answer any questions I may have and resolve any doubts I may have regarding the procedures performed.

I understand that I have the right to withdraw my child at any time if I see fit, without affecting the attention of the association that recommended me for the study.

The responsible researcher has assured me that my son/daughter will not be identified in any presentations or publications resulting from this study and that the requested data (name, weight, height, etc.) will be kept confidential.

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Name and signature of the responsible investigator.

Participant's name.

Name, degree of relationship and signature of the participant's family member giving consent.