**Laboratory observations checklist**

I certify that the dentist named below has spent at least ten hours observing at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of sleep laboratory) with sleep medicine staff.

These observations included:

☐ Polysomnography (PSG) preparation and setup:

* Electroencephalography (EEG): O1, O2, C3, C4, F3, F4, M1/A1, M2/A2
* Electrooculography (EOG): LEOG, REOG
* Surface electromyography (EMG): Chin and legs
* Electrocardiogram (ECG)
* Respiratory bands: Thoracic and Abdomen
* Nasal cannula and thermistor
* Pulse Oximeter
* Position sensor

☐ At-home sleep study set-up (if available, e.g. Somté PSG)

☐ Data acquisition of attended PSG

☐ Scoring and interpretation of PSG

☐ Patient greeting and preparation for sleep study prior to set-up

☐ Therapeutic intervention nights with CPAP and/ or MAS (where available)

☐ assessments (where available) of therapeutic interventions

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(Print Name of Dentist)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name of Sleep Lab Manager)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sleep Lab Manager’s Signature)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_