

ERRATUM

Erratum

In Krahn et al, Recommended protocols for the Multiple Sleep Latency Test and Maintenance of Wakefulness Test in adults: guidance from the American Academy of Sleep Medicine. *J Clin Sleep Med.* 2021;17(12):2489–2498 published in the December 1, 2021 issue of *Journal of Clinical Sleep Medicine*, an additional statement is needed in Box 2 and 4 at the end of item 5. There was also an error in Box 4 (item 5) with respect to the frontal EEG leads.

This is the updated version of Box 2, item 5: “5. The recording montage for the MSLT should, at a minimum, include 3 EEG recording leads with at least 1 each for frontal (F3-M2 or F4-M1), central (C3-M2 or C4-M1), and occipital (O1-M2 or O2-M1) derivations, left and right eye EOGs, mental/submental EMG, and EKG. Other recording devices or sensors used for the PSG are unnecessary and should be removed to promote patient comfort. The use of alternate acceptable montages in the current version of the AASM Scoring Manual are at the discretion of the sleep clinician.”

This is the corrected version of Box 4, item 5: “5. The recording montage for the MWT should, at a minimum, include 3 EEG recording leads with 1 each for frontal (F3-M2 or F4-M1), central (C3-M2 or C4-M1), and occipital (O1-M2 or O2-M1) derivations, left and right eye EOGs, mental/submental EMG, and EKG. Other recording devices or sensors used for the PSG are unnecessary and should be removed to promote patient comfort. The use of alternate acceptable montages in the current version of the AASM Scoring Manual are at the discretion of the sleep clinician.”

The authors regret these errors.