**Supp. Table 4. Selection and case ascertainment procedures**

Each Expert Center has agreed to use the same selection / case ascertainment procedure. For all cases with possible autism identified at the first screening visit (i.e. scores above the cut-offs at the screening instruments described below and / or possible ASD that has to be confirmed with a specialized evaluation according to the trained psychiatrist who conducted the screening visit), a full diagnosis assessment is conducted by three distinct healthcare professionals (e.g. trained psychiatrists, nurses and psychologists). Then, the clinical team members involved in a person’s evaluation discuss together the results of each assessment to rule out potential differential diagnoses and to reach a final diagnosis. In line with recent ICD 11 guidelines (Clark, Cuthbert, Lewis-Fernandez, Narrow & Reed; 2017; Reed et al., 2019), potential co-occurring health conditions identified from the medical interview are discussed to determine whether they constitute actual co-occurring health conditions or could rather be related to autism features. Similarly, the potential influence of symptoms from other conditions such as psychosis, anxiety or depression on the severity ratings of autistic symptoms using standardized instruments is considered before reaching an autism diagnosis (Maddox et al., 2017).