ICMJE DISCLOSURE FORM

Date:	6/1/2022		
Your Name:	P.K. Beville		
Manuscript Title:	The Italian Version of The Virtual Dementia Tour:Manual Translation and An Analysis of Consistency, Validity and Reliability of It's Pre-Post Experience Survey		
Manuscript Number (if known): _ TRCI-D22-00012R1			
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily			

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Second Wind Dreams, Inc.	October 2020 to Present Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	US 8,388,347 B2 Systems and Methods for Simulating Effects of Age-Related Cognitive or Physical Decline	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None	

		Name all entities with whom you have this relationship or indicate none (add rows as no	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

ICMJE DISCLOSURE FORM

Date:	6/16/2022
Your Name:	Paola Brigoli
Manuscript Title:	The Italian Version of The Virtual Dementia Tour:Manual Translation and An Analysis of Consistency, Validity and Reliability of It's Pre-Post Experience Survey
Manuscript Number (if known):	TRCI-D22-00012R1

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13	Other financial or non-financial interests	[⊠] None	
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Date:	6/1/2022
Your Name:	Francesca Morganti
Manuscript Title:	THE ITALIAN VERSION OF THE VIRTUAL DEMENTIA TOUR: MANUAL TRANSLATION AND AN ANALYSIS OF CONSISTENCY, VALIDITY AND RELIABILITY OF ITS PRE- POST-EXPERIENCE SURVEY
Manuscript Number (if known):	TRCI-D-22-00012R1

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