



## Login

Username \*



Password \*



Login

Register

[Forgot Password?](#)

Please use your credentials to log-in to the CFSAN Online Submission Module.

### FURLS User Registration

Please begin the registration process by providing the E-mail address associated with your FURLS login.

E-Mail Address \*

Submit

- - - WARNING - - WARNING - - WARNING - - WARNING - - WARNING - - -


*This information system is provided for U.S. Government-authorized use only.*

#### **System User Agreement**

*You are accessing a U.S. Government information system, the CFSAN Online Submission Module. The information system includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. Any unauthorized or improper usage of this information system is prohibited and may result in disciplinary action as well as civil and criminal penalties. By using this information system, you understand and consent to the following:*

- Anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties. See Title 18 U.S.C. 1001.*
- Any information system usage may be monitored, recorded, and subject to audit. Anyone using this information system expressly consents to monitoring and is advised that if such monitoring reveals possible criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.*
- You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.*
- Any communications or data transiting or stored in this information system may be disclosed or used for any lawful government purpose.*

# Registration Process

 **CFSAN Online Submission Module** [About](#)

## Registration

[Login Information](#) [Address Information](#) [Submission Selection](#)

### Login Information

<b>User Name *</b> <small>User Name must be between 8-24 characters, it should start with an alphabet and can contain alphanumeric characters. Only the hyphen (-) special character is allowed. Spaces are not allowed.</small>	<b>Password *</b> <small>Password must be at least 8 characters and contain at least one special character, one uppercase letter and one numeric. Space is not allowed.</small>
<b>E-Mail Address *</b>	<b>New Password Confirmation *</b>

### Security Questions

<b>Question1</b>	<b>Answer1 *</b>
------------------	------------------



## Registration

Login Information

Address Information

Submission Selection

### Address Information

First Name \* Middle Initial Last Name \*

Company \* Title

Doing Business As (if applicable)

Mailing Address \*

Mailing Address2

City \* Country/Area \* State or Province \*

Zip Code/Postal Code \*

Telephone Number \* Fax Number

 Continue

Cancel



## Registration








[Login Information](#)   [Address Information](#)   [Submission Selection](#)

### Select Submission Types



Below are the submission types that may be submitted through the CFSAN Online Submission Module.

Please note that currently two CFSAN Offices receive submissions through the COSM: The Office of Food Additive Safety (OFAS) and the Office of Dietary Supplement Programs (ODSP). A submission received through the CFSAN Online Submission Module does not constitute acceptance by OFAS/ODSP.

#### OFAS




 <b>BNF</b> Biotechnology Notification File <input type="checkbox"/> Inactive	 <b>FCN</b> Food Contact Notification <input type="checkbox"/> Inactive
 <b>PNC</b> Pre-Notification Consultation for Food Contact Substance <input type="checkbox"/> Inactive	 <b>GRN</b> Generally Recognized As Safe Notice <input type="checkbox"/> Inactive
 <b>FAP</b> Food Additive Petition <input type="checkbox"/> Inactive	 <b>NPC</b> New Protein Consultation <input type="checkbox"/> Inactive
 <b>CAP</b> Color Additive Petition <input type="checkbox"/> Inactive	

#### ODSP

 <b>NDI</b> New Dietary Ingredient Notification <input type="checkbox"/> Inactive
 <b>SFC</b> Structure Function Claim Notification <input type="checkbox"/> Inactive

#### Other OFAS SUBMISSIONS

Please contact OFAS at [Premarkt@fda.hhs.gov](mailto:Premarkt@fda.hhs.gov) prior to sending these submissions.

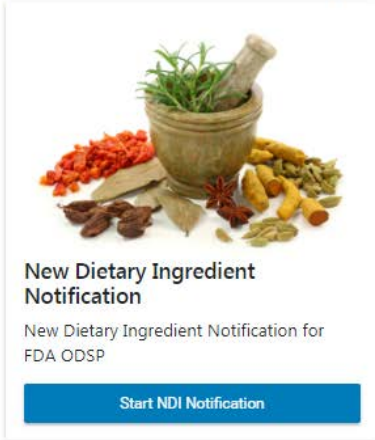
 <b>CMF</b> Color Master File <input type="checkbox"/> Inactive	 <b>FMF for Food Contact Substance</b> Food Master File <input type="checkbox"/> Inactive	 <b>FMF for Food Additives</b> Food Master File <input type="checkbox"/> Inactive
--	--	--

# Structure Function Claims Notification

FDA CFSAN Online Submission Module [Home](#) [About](#) [Manage Submissions](#)

Selected Submission Types


Please click on one of the Menu Cards below to create a new submission



**New Dietary Ingredient Notification**

New Dietary Ingredient Notification for FDA ODSP

[Start NDI Notification](#)



**Structure Function Claim Notification**

Structure Function Claim Notification for FDA ODSP

[Start SFC Notification](#)



## Structure / Function Claims (SFC) Notification

Tracking Number: OLS\_SFC\_2221

Paperwork Reduction Act Notice  
Form Approval: OMB No. 0910-0331  
Expiration Date: 06/30/2019



### Contact information



- The Firm (i.e., the Manufacturer, Packer or Distributor) who is responsible for the submission;
- You may enter the information directly on the form or you may select the Contact information from the list of Contacts you created as part of your User Profile.

[Update](#)

### Products and Claims



- Brand Name and Dietary Supplement Names
- Dietary Ingredients
- Claims showing the exact language that will be used on the label.

[Update](#)

### Review Notification



Review your submission in its entirety. Modify, update or make corrections as necessary before certifying your submission.

[Review](#)

### Certifications



The signature of a responsible individual or the person who can certify the accuracy of the information presented and who must certify that the information contained in the notice is complete.

[Update](#)

### Final Submission



- All fields in these documents are entered correctly and submitted.
- Also included all the files and documents required.
- Also followed all the terms and conditions while filling the forms.

[Send to FDA](#)

*Please ensure that all the above sections are complete before attempting to submit your notification.*



## Structure / Function Claims (SFC) Notification

Tracking Number: OLS\_SFC\_2221

Paperwork Reduction Act Notice  
Form Approval: OMB No. 0910-0331  
Expiration Date: 06/30/2019

### Welcome

Welcome to the Structure / Function Claims Notification Application

#### PAPERWORK REDUCTION ACT NOTICE

Form Approval: OMB No. 0910-0331  
Expiration date: 06/30/2019

An Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number 0910-0331.

The time required to complete this collection of information is estimated to average 45 minutes per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. Send comments about this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to:

Department of Health and Human Services  
Food and Drug Administration  
Office of Operations  
Paperwork Reduction Act (PRA) Staff  
PRAStaff@fda.hhs.gov

**Please Note:** The system will automatically time out if there is no activity for 30 minutes.

\* This e-portal accepts all the statements permissible for dietary supplements listed in section 403(j)(6) of the Federal Food, Drug, and Cosmetic Act (i.e.: structure/function claims; classical nutrient deficiency disease claims; and general well-being claims).

Close



Information presented and who must certify that the information contained in the notice is complete.

### Final Submission



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- Also followed all the terms and conditions while filling the forms.

Send to FDA

Please ensure that all the above sections are complete before attempting to submit your notification.



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- Brand Name and Dietary Supplement Names
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[Update](#)

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[Send to FDA](#)

*Please ensure that all the above sections are complete before attempting to submit your notification.*





## Structure / Function Claims (SFC) Notification

Tracking Number: OLS\_SFC\_2221



### Manufacturer/Packer/Distributor Information

Manufacturer/Packer/Distributor Information ?

First Name \*

Last Name \*

Company \*

Position

Doing Business As (if applicable)

Mailing Address \*

Mailing Address2

City \*

Country/Area \*

State or Province \*

Zip Code/Postal Code \*

E-Mail Address \*

Telephone Number \*

Fax Number

Save and Continue

Cancel

- Jackson, AbSolutions Inc
- Bartholemew, Ax Capitol
- Blumenthol, Trade Group, Inc
- Brownkowski, Willies company
- Jackson, AbSolutions, Inc (Profile Contact)



## Structure / Function Claims (SFC) Notification

Tracking Number: OLS\_SFC\_2221



### Manufacturer/Packer/Distributor Information

Manufacturer/Packer/Distributor Information ?

Auto-fill the data

Jackson, AbSolutions Inc

First Name \*  
Stephen

Last Name \*  
Jackson

Company \*  
AbSolutions Inc

Position

Doing Business As (if applicable)

Mailing Address \*  
2305 Bankok Drive

Mailing Address2

City \*  
Skanectidy

Country/Area \*  
United States of America

State or Province \*  
New York

Zip Code/Postal Code \*  
59387

E-Mail Address \*  
stephenv.jackson@gmail.com

Telephone Number \*  
30112312345

Fax Number

Save and Continue

Cancel



## Structure / Function Claims (SFC) Notification

Tracking Number: OLS\_SFC\_2221



### Products and Claims

Please click the "Add Brand and Dietary Supplement Name" button. After completing the Product Brand Name and Supplement information, proceed to the Add Ingredient, Add Claim and Add Label sections and add information as necessary. At least one Claim must be completed before saving the information for the submission. Once you have completed a Brand and Dietary Supplement "group" you can click the "Add Brand and Dietary Supplement Name" button again to create and complete another group. You can add as many groups as necessary to complete your submission. Once you have completed all Brand and Dietary Supplement groups you can click "Continue" to return to the Summary page.

[+ Add Brand, Dietary Supplement Name](#)

[Save and Continue](#)

[Cancel](#)



## Structure / Function Claims (SFC) Notification

Tracking Number: OLS\_SFC\_2221



### Products and Claims

Please click the "Add Brand and Dietary Supplement Name" button. After completing the Product Brand Name and Supplement information, proceed to the Add Ingredient, Add Claim and Add Label sections and add information as necessary. At least one Claim must be completed before saving the information for the submission. Once you have completed a Brand and Dietary Supplement "group" you can click the "Add Brand and Dietary Supplement Name" button again to create and complete another group. You can add as many groups as necessary to complete your submission. Once you have completed all Brand and Dietary Supplement groups you can click "Continue" to return to the Summary page.

+ Add Brand, Dietary Supplement Name

Supplement Name

Brand Name, Dietary Supplement Name\*

Supplement Name

+ Add Claim ?

Product Label(s) ?

+ Drag and Drop or Select File

Save and Continue

Cancel

### Structure / Function Claims (SFC) Notification

Tracking Number: OLS\_SFC\_2221



#### Products and Claims

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**+ Add Brand, Dietary Supplement Name**

Supplement Name ^

Brand Name, Dietary Supplement Name \*

Supplement Name 🗑

**+ Add Claim** ?

Claim for Supplement Name \*

1 **Claim One** 🗑

Ingredient(s) for Claim Claim One

Ingredient One ✕ Ingredient Two ✕ Ingredient Three ✕ ?

Claim for Supplement Name \*

2 **Claim Two** 🗑

Ingredient(s) for Claim Claim Two

Claim Two Ingredient One ✕ Claim Two Ingredient Two ✕ ?

Product Label(s) ?

**+ Drag and Drop or Select File**

Document Name	Size	Actions
farmCapableVT.png <span>📄</span>	0.492 MB	<span>🗑</span>

Drag 'n Drop

**+ Save and Continue** 🌟

Cancel



## Structure / Function Claims (SFC) Notification

Tracking Number: OLS\_SFC\_2221



**Review Notification**

### Manufacturer/Packer/Distributor Information

[Edit](#)

Stephen Jackson  
AbSolutions Inc

stephen.v.jackson@gmail.com

2305 Bankok Drive , Skanectidy , NY , USA , 59387

Phone : 30112312345

### Products and Claims

[Edit](#)

Brand Name, Dietary Supplement Name: Supplement Name

#### Claims

1. Claim One  
**Ingredient(s) for Claim:** Ingredient One, Ingredient Two, Ingredient Three
2. Claim Two  
**Ingredient(s) for Claim:** Claim Two Ingredient One, Claim Two Ingredient Two

#### Product Label(s)

1. farmCapableVT.png

I have reviewed all the information.\*

[Continue](#)





## Structure / Function Claims (SFC) Notification

Tracking Number: OLS\_SFC\_2221



### Signature and Certification

Name of the Responsible Official, Employee, Agent or Attorney \*

Title of the Responsible Official, Employee, Agent or Attorney

I certify that the information in this notification is complete and accurate, and that the firm for which I am submitting this notification has substantiation that the claims listed therein are truthful and not misleading. \*

[Save and Continue](#)

[Cancel](#)



## Structure / Function Claims (SFC) Notification

Tracking Number: OLS\_SFC\_2221

### Contact information



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[Update](#) ✓

### Products and Claims



- Brand Name and Dietary Supplement Names
- Dietary Ingredients
- Claims showing the exact language that will be used on the label.

[Update](#) ✓

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[Update](#) ✓

### Final Submission



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- Also followed all the terms and conditions while filling the forms.

[Send to FDA](#)







### Thank you for using the CFSAN Online Submission Module

The following submission **OLS\_SFC\_2221** has been submitted to the Center for Food Safety and Applied Nutrition (CFSAN) at the FDA.

**Please note that your submission has not been officially Accepted or Received.**  
You will receive an email to that effect when that milestone occurs.

If you would like to view this submission or your other submissions, please click the [Manage Submissions](#) tab on the CFSAN Online Submission menu above.

To create another submission please click the [Home](#) tab on the CFSAN Online Submission menu above.

## Manage Submissions ?

Tracking Number	Title	Modified Date	Status ↓	Submission Number	Action
OLS_SFC_1573	New Brand Name	Aug 23, 2018, 7:57:55 AM	SUBMITTED	SFC 2018-000116	
OLS_SFC_1259		Jul 17, 2018, 2:29:08 PM	SUBMITTED	SFC 2018-000068	
OLS_NDI_1328		Jul 18, 2018, 4:25:59 PM	SUBMITTED	NDI 000050	
OLS_SFC_1396		Jul 30, 2018, 11:58:31 AM	SUBMITTED	SFC 2018-000093	
OLS_NDI_1436		Aug 5, 2018, 4:15:55 PM	SUBMITTED	NDI 000073	
OLS_SFC_1435		Aug 5, 2018, 4:16:25 PM	SUBMITTED	SFC 2018-000113	
OLS_NDI_1397		Aug 5, 2018, 4:16:39 PM	SUBMITTED	NDI 000074	
OLS_NDI_1324		Jul 18, 2018, 2:00:41 PM	SUBMITTED	NDI 000049	
OLS_SFC_1294		Jul 13, 2018, 3:40:53 PM	SUBMITTED	SFC 2018-000057	
OLS_NDI_1962	Scrackle	Mar 3, 2019, 2:06:36 PM	SUBMITTED		
OLS_NDI_2199	scarafin	Feb 22, 2019, 11:11:26 AM	SUBMITTED		
OLS_SFC_2216	Supplement Name	Mar 4, 2019, 2:51:40 PM	SUBMITTED	SFC 2019-000009	
OLS_SFC_2221	Supplement Name	Mar 17, 2019, 3:40:23 PM	SUBMITTED	SFC 2019-000011	
OLS_NDI_2223	ND Ingredient	Mar 17, 2019, 5:42:30 PM	SUBMITTED		
OLS_FCN_1438	Sacharin	Aug 3, 2018, 12:58:39 PM	DRAFT		
OLS_FCN_1439		Aug 6, 2018, 10:33:44 AM	DRAFT		
OLS_SFC_1572		Aug 17, 2018, 2:33:56 PM	DRAFT		
OLS_BNF_1571	Submission Title	Aug 17, 2018, 1:46:50 PM	DRAFT		
OLS_NPC_1495		Aug 9, 2018, 8:52:47 PM	DRAFT		
OLS_GRN_1496		Aug 9, 2018, 9:06:52 PM	DRAFT		