NORTH AMERICAN PHARMACAL Inc.
www.4yourtype.com

February, 1, 2005

Office of Nutritional Products, Labeling, and Dietary Supplement (HFS-800)
Center for Food Safety and Applied Nutrition
Food and Drug Administration
5100 Paint Branch Parkway
College Park, MD 20740-3835

FEB - 8 2005

Madam:

In order to comply with Part 101 Food Labeling, Subpart F Specific Requirements for Descriptive Claims that are Neither Nutrient Content nor Health Claims, I am submitting the following:

The name and address of the distributor of the dietary supplement that bears the statement is:

North American Pharmacal, Inc
12 High Street
Norwalk, CT 06851

The text of the statement that is being made is:

Polyflora® O
Designed by Dr. Peter D'Adamo to provide appropriate levels of blood type friendly bacteria (probiotics) and growth media (prebiotics) specific for blood type O.

Directions: (1) One capsule four times daily as a dietary supplement.

The name of the dietary supplement is: The Blood Type Diet®, Polyflora® O

I certify that the information contained in this notice is complete and accurate and that North American Pharmacal, Inc has substantiation that the statement is truthful and not misleading. If there is additional information required, please let me know as soon as possible.

Sincerely,

Martha Mosko D'Adamo
President

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