

Food and Drug Administration



Centralized Online Submission Module (COSM)

Structure / Function Claims Notification (SFCN) Step-by-Step Guide

Structure / Function Claims Notification Step-by-Step Guide

Introduction

This is a *Guide*. It is intended to help new users quickly file a Structure / Function Claims Notification. It, therefore, contains enough information to complete a submission. If this is your first exposure to the Centralized Online Submission Module it is highly recommended that you first review the HFP COSM Registration Help Guide. The COSM Registration Help Guide is an official pre-cursor to this or any other Guide that is specific to a submission within the COSM system.

LOG IN TO THE CENTRALIZED ONLINE SUBMISSION MODULE

The screenshot shows the FDA Centralized Online Submission Module (COSM) login page. The header includes the FDA logo, the text "Centralized Online Submission Module", and a "Quick Start Guide" link. The main content area is divided into two columns. The left column contains a "Login" section with "Username *" and "Password *" input fields, "Login" and "Register" buttons, and links for "Forgot Username?" and "Forgot Password?". Below this is a "FURLS User Registration" section with an "E-Mail Address *" field and a "Submit" button. The right column contains a welcome message, a list of help guides (COSM Registration, OFAS, COSM OFAS, ODSP, New Dietary Ingredient, and Structure Function Claims), and a "Warning" section with a "System User Agreement" and "Vulnerability Disclosure Policy" link.

Figure 1 - COSM Login Page

Log in to the COSM by entering a Username and Password on the Login page (Figure 1). Click the "Login" button.

After verifying the login and password, COSM will send an email to you with a 6-digit authentication code.

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The authentication code will expire in 5 minutes.

Confirm Authentication Code

A security code has been sent to the email address shown below. Please enter the code sent to your email address and click Submit.

The code expires in 5 minutes.

[Forgot Username?](#) [Forgot Password?](#)

Please use your credentials to log-in to the Centralized 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 *

The Centralized Online Submission Module (COSM) was developed to assist industry partners when filing Regulatory Submissions. It is specifically designed to aid users wishing to file submissions with the Human Foods Program (HFP). COSM is available 24 hours, 7 days a week. Two offices are currently supported, the Office of Food Additive Safety (OFAS) and the Office of Dietary Supplement Programs (ODSP).

Please refer to the Help Guides below for instructions on how to use the COSM.

[COSM Registration Help Guide](#)

[OFAS COSM OFAS Submissions Help Guide](#)

[ODSP New Dietary Ingredient Notification Step-by-Step Help Guide](#)

[Structure Function Claims Notification Step-by-Step Help Guide](#)

For more information please refer to the [COSM Introduction](#).

For Privacy information please refer to the [FDA Privacy Policy](#).

--- 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 Centralized 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.

Figure 2 - Authentication Code Request

Figure 3 shows the content of the email containing your authentication code.

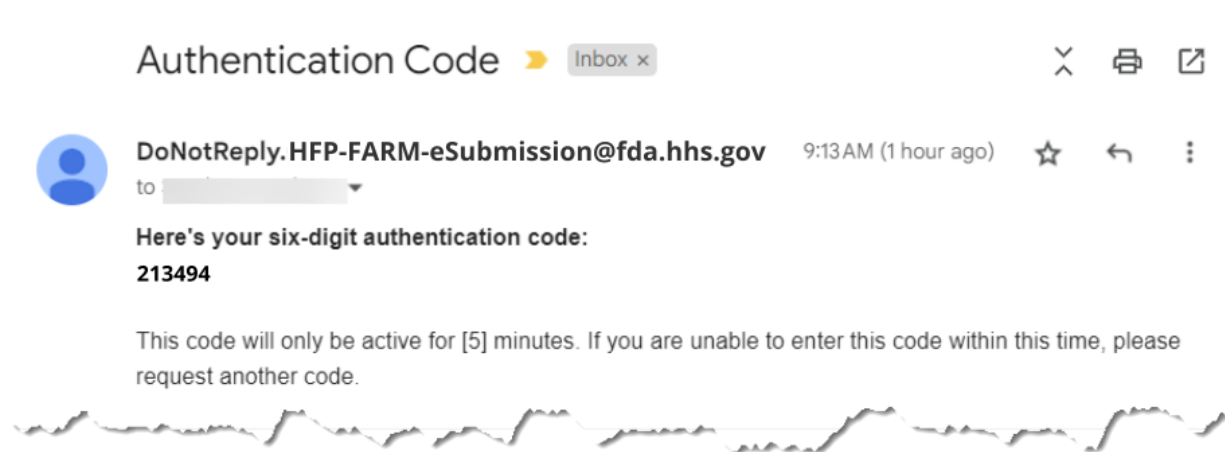


Figure 3 - Sample Email for Authentication

You must enter the 6-digit code from the email into the space allocated on the login page. Click the Submit

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button and you will enter the COSM.

The screenshot shows the 'Confirm Authentication Code' page of the Centralized Online Submission Module (COSM). The page is titled 'Confirm Authentication Code' and includes a form for entering a security code. The form contains a text input field with the code '101203' and a 'Submit' button. Below the form, there is a 'Resend' button and a 'Cancel' button. The page also includes a 'FURLS User Registration' section with a text input field for 'E-Mail Address *' and a 'Submit' button. The page contains several sections of text, including a 'System User Agreement' and a 'Vulnerability Disclosure Policy' link. The page is framed by a red border.

Confirm Authentication Code

A security code has been sent to the email address shown below. Please enter the code sent to your email address and click Submit.

gmail.com

101203

The code expires in 5 minutes.

Resend Submit Cancel

[Forgot Username?](#) [Forgot Password?](#)

Please use your credentials to log-in to the Centralized 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

The Centralized Online Submission Module (COSM) was developed to assist industry partners when filing Regulatory Submissions. It is specifically designed to aid users wishing to file submissions with the Human Foods Program (HFP). COSM is available 24 hours, 7 days a week. Two offices are currently supported, the Office of Food Additive Safety (OFAS) and the Office of Dietary Supplement Programs (ODSP).

Please refer to the Help Guides below for instructions on how to use the COSM.

[COSM Registration Help Guide](#)

OFAS
COSM OFAS Submissions Help Guide
ODSP
[New Dietary Ingredient Notification Step-by-Step Help Guide](#)
[Structure Function Claims Notification Step-by-Step Help Guide](#)

For more information please refer to the [COSM Introduction](#).

For Privacy information please refer to the [FDA Privacy Policy](#).

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- 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.

[Vulnerability Disclosure Policy.](#)

Figure 4 - Submit Authentication Code

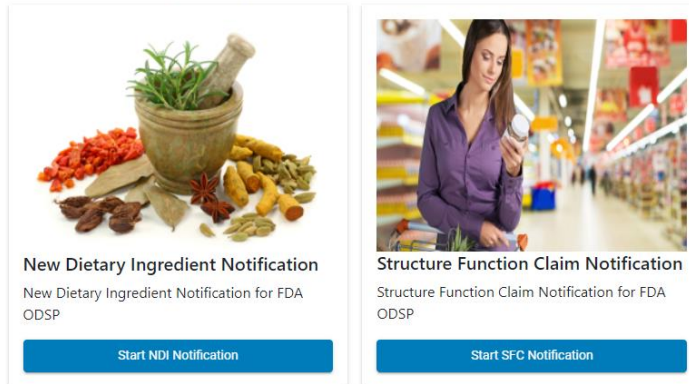
Once the authentication code has been verified the COSM “Home” page will appear.

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COSM HOME PAGE

Selected Submission Types

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



The screenshot displays two menu cards side-by-side. The left card features an image of a mortar and pestle with various herbs and spices. Below the image, the text reads 'New Dietary Ingredient Notification' and 'New Dietary Ingredient Notification for FDA ODSP'. At the bottom of the card is a blue button labeled 'Start NDI Notification'. The right card features an image of a woman in a purple shirt looking at a product in a grocery store aisle. Below the image, the text reads 'Structure Function Claim Notification' and 'Structure Function Claim Notification for FDA ODSP'. At the bottom of the card is a blue button labeled 'Start SFC Notification'.

Figure 5: Select SFC Notification

Click the “Start SFC Notification” button to begin a Structure / Function Claims Notification. The SFCN Summary Page (Figure 6) will appear.

Structure / Function Claims Notification Step-by-Step Guide


STRUCTURE / FUNCTION CLAIMS NOTIFICATION SUMMARY PAGE

Structure / Function Claims Notification(SFCN)

Tracking Number: [REDACTED]

Paperwork Reduction Act Notice
Form Approval: OMB No. 0910-0331
Expiration Date: [REDACTED]


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.

Figure 6: SFCN Summary Page

The Summary Page displays an overview of the sections that must be completed for the Structure / Function Claims Notification. A unique tracking number is generated for each SFCN at the time it is created. Click on each “Update” button to complete the information relevant to the section. As each section is completed, COSM will return you to the Summary Page to complete the next section.

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CONTACT INFORMATION SECTION

Click the “Update” button next to the Contact Information heading on the SFCN Summary Page as shown in Figure 7.

Structure / Function Claims (SFC) Notification

Tracking Number: OLS_SFC_2084

Paperwork Reduction Act Notice
Form Approval: OMB No. 0910-0331
Expiration Date: 06/30/2018

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

Figure 7: Select Contact Information Section

The Manufacturer/Packer/Distributor Information section appears (Figure 8).

Structure / Function Claims Notification (SFCN)

Tracking Number: OLS_SFC_4983

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 * United States of America State or Province *

Zip Code/Postal Code * E-Mail Address *

Telephone Number * Fax Number

Save and Continue **Cancel**

Bainbritch, [redacted] ip, LLC

Wilson, [redacted], LTD


Jackson, [redacted] Profile Contact)



Figure 8: Select Contact from Contacts List

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Select a Contact from the list of contacts. The remaining contact information will be automatically completed (Figure 9). All fields are modifiable, however, changes made on this screen will not affect entries in your contact list (your Contact list is explained in the COSM Registration Help Guide).

Structure / Function Claims Notification (SFCN)
Tracking Number: OLS_SFC_4983

 **Manufacturer/Packer/Distributor Information**

Manufacturer/Packer/Distributor Information  Auto-fill the data
Wilson, [redacted], LTD 

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

Figure 9: Complete the Contact Selection

Click the “Save and Continue” button to save the contact information, exit the Contact Information section and return to the SFCN Summary page.

Table 1 shows the list of fields for the Contact Information page. Fields marked with an asterisk (*) are required.

Table 1: Field Descriptions for Contact Information

Field	Description
First Name*	First name of contact person
Last Name*	Last name of contact person
Company*	Full company name
Position *	Position or title of the contact person
Doing Business As	Alternate or “local” name of the company
Mailing Address Line 1*	Street name and number or post office box number for the Company’s mailing address
Mailing Address Line 2	Optional; can be uses for building number, suite number or other

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	information.
City*	City for the Company's mailing address
Country/Area*	Country
State or Province*	Required if Country is "United States of America" or "Canada"
Zip/Postal Code*	Required if Country is "United States of America" or "Canada"
Email Address*	Email address of contact person
Telephone Number*	Telephone number of contact person
Fax Number	FAX phone number of Company

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PRODUCTS AND CLAIMS SECTION

The Products and Claims section allows you to enter all Products, Claims and Ingredients in a hierarchical fashion. As many Products, Claims and Ingredients as necessary may be entered.

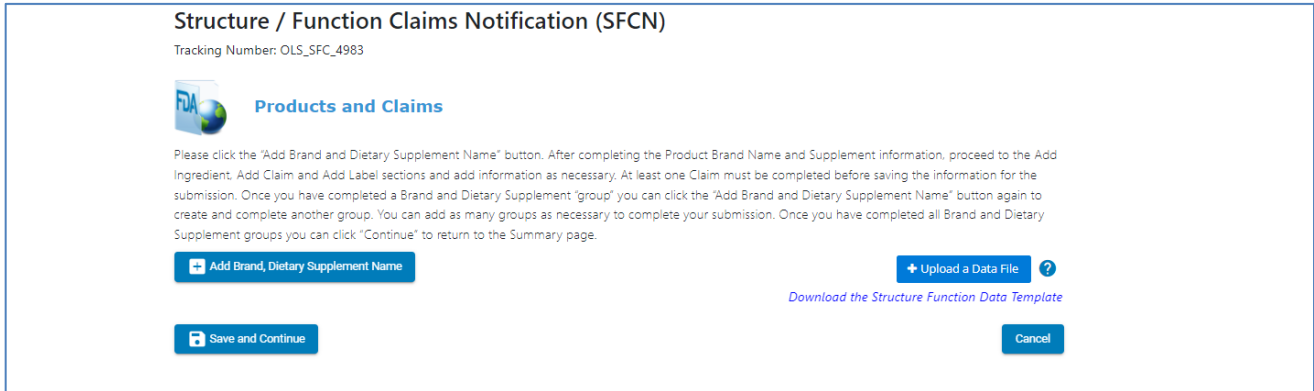


Figure 10: Products and Claims Section

You must click the "Add Brand, Dietary Supplement Name" button (Figure 10). You enter the Brand Name, Dietary Supplement Name and then click the "Add Claim" button as shown in Figure 11.

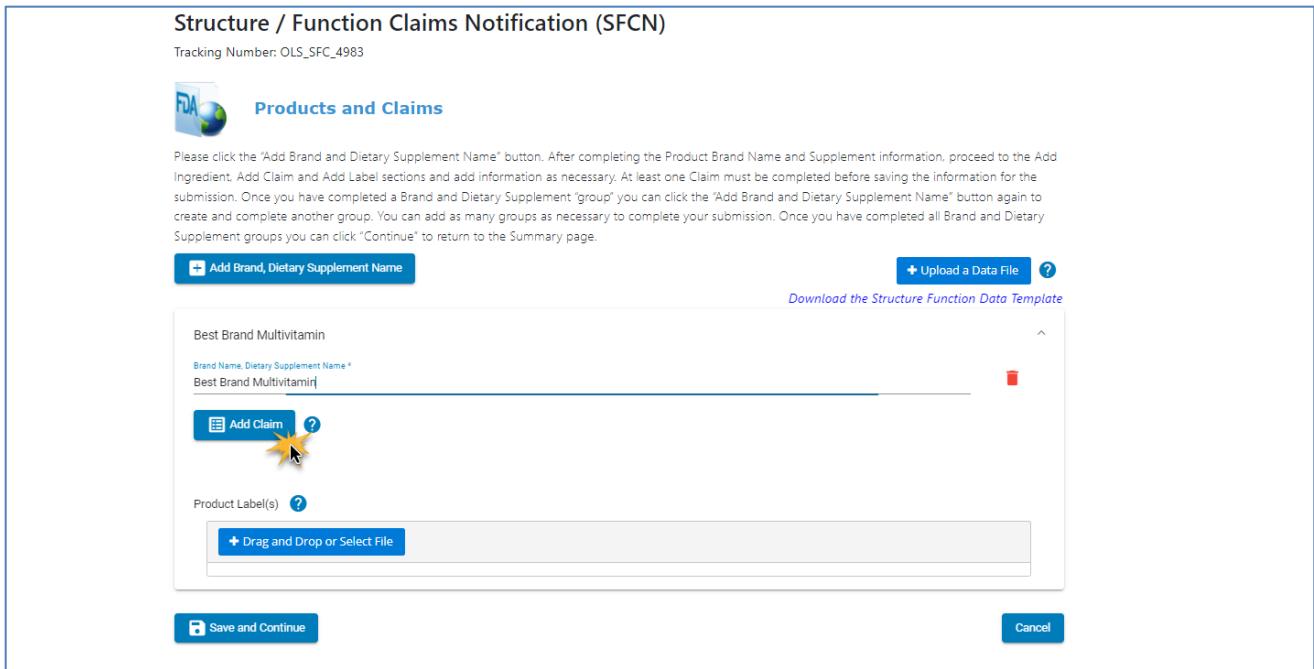


Figure 11: Add Claims

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Once you enter a Claim, a field appears that allows you to enter the dietary ingredient(s) for which the claim is made (Figure 12). This step is optional.

Structure / Function Claims Notification (SFCN)
Tracking Number: OLS_SFC_4983

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](#) [+ Upload a Data File](#) [Download the Structure Function Data Template](#)

Best Brand Multivitamin

Brand Name, Dietary Supplement Name *

Best Brand Multivitamin

[+ Add Claim](#)

Claim for Best Brand Multivitamin *

1. Heart Health

Ingredient(s) for Claim Heart Health

Omega 3 Fatty Acids (EOA and DGA)

Product Label(s)

[+ Drag and Drop or Select File](#)

[Save and Continue](#) [Cancel](#)

Figure 12: Complete Claim and Add Ingredient for which the Claim is Made

You enter the ingredient *and strike the <tab> key, <enter> key or comma*. Striking the <tab>, <enter>, or comma key signals the system that the ingredient name is complete. You may enter multiple ingredients if desired. All ingredients for a single claim are entered on the same line. Each time the <tab>, <enter> or comma key is struck the appearance of the ingredient is altered as shown in Figure 9. This altered appearance is called a "chip". Chips allow the system to unmistakably distinguish one ingredient from another.

Once you have entered the ingredient(s) for a claim you can click the "Add Claim" button again to enter another claim and one or more additional ingredients. You continue in this fashion until all claims and ingredients have been entered for the Dietary Supplement product.

You have the option of entering one or more labels for the Dietary Supplement product. There are two ways to attach labels to your Dietary Supplement product entry as shown in Figure 13.

Structure / Function Claims Notification Step-by-Step Guide

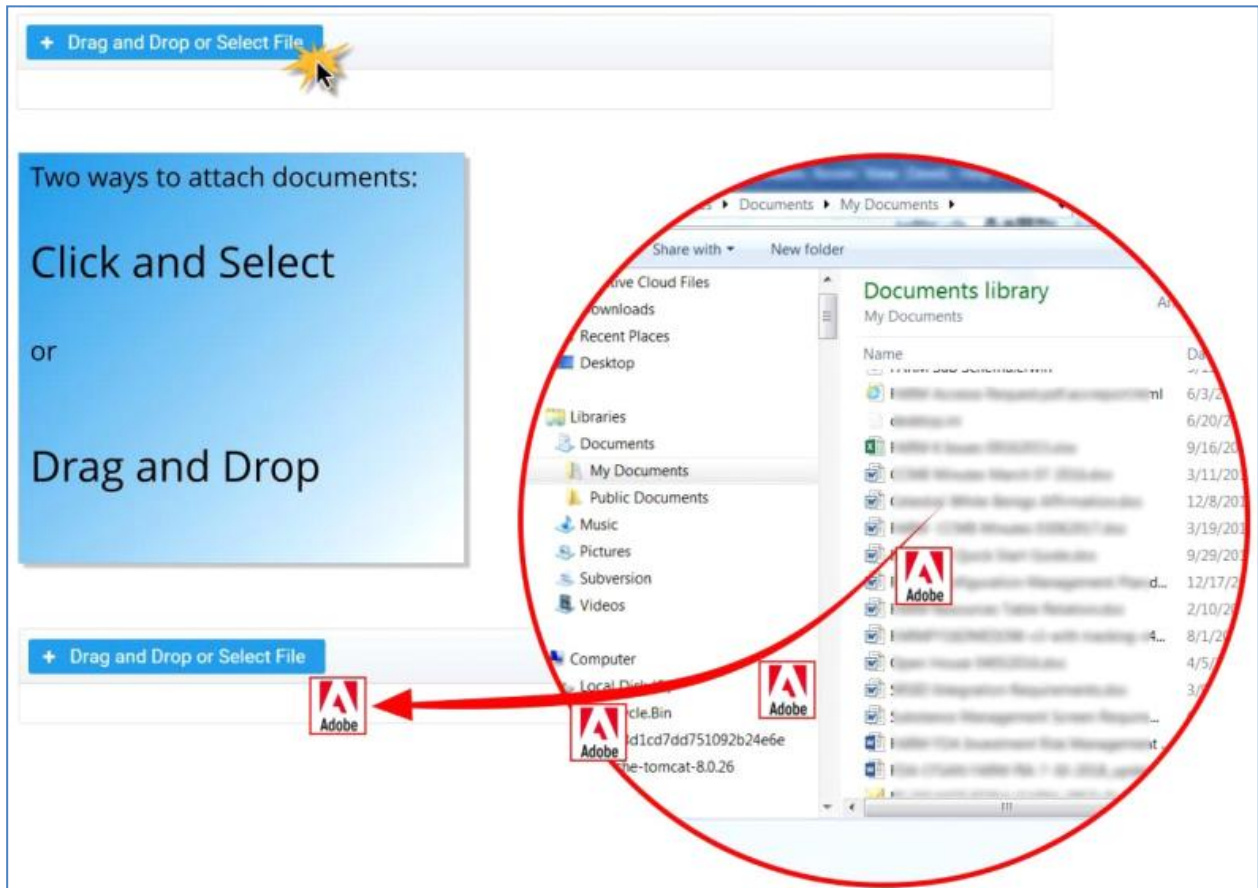


Figure 13: File Uploading Options

You can click on the blue “Drag and Drop or Select File” button. Your local File Select dialog box will open and you can select the label file.

Or you can open the folder on your local system containing the file and, using the mouse, “drag” the file from the folder to the area just under the blue button, as illustrated in Figure 10. When you release the mouse button the file will be loaded into the Brand Name, Dietary Supplement Name section. Allowable file formats are .pdf, .jpg, .jpeg, .png and .bmp.


You may add additional Brand Name, Dietary Supplement Names by clicking the “Add Brand, Dietary Supplement Name” button again and completing the process discussed above.

Figure 14 shows completed entries for a single Brand Name, Dietary Supplement Name. The figure also displays a red trashcan icon for deleting entries. Note that if you delete a Claim, all the Ingredients for that claim will be deleted as well. If a user deletes a Brand Name, Dietary Supplement Name, all Claims and Ingredients for that entry will be deleted along with any associated Labels. The blue question mark indicators, when clicked, cause a Help panel to “slide out” from the right of the screen. The Help panel is meant to provide information specific to the item being entered and may or may not include links to other helpful resources throughout the FDA website.

Structure / Function Claims Notification Step-by-Step Guide

Structure / Function Claims Notification (SFCN)

Tracking Number: OLS_SFC_4983



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](#)

[+ Upload a Data File](#) ?

[Download the Structure Function Data Template](#)

Best Brand Multivitamin

Brand Name, Dietary Supplement Name *

Best Brand Multivitamin

✖

[+ Add Claim](#) ?

Claim for Best Brand Multivitamin *

1. Heart Health ✖

Ingredient(s) for Claim Heart Health

Omega 3 Fatty Acids (EOA and DGA) ?

Claim for Best Brand Multivitamin *

2. Omega 3's help support a healthy heart ✖

Ingredient(s) for Claim Omega 3's help support a healthy heart

Omega 3 Fatty Acids (EOA and DGA) ?

Product Label(s) ?

[+ Drag and Drop or Select File](#)

Document Name	Size	Actions
535999_533255_Test_Label.png ↓	0.364 MB	✖

[Save and Continue](#)

[Cancel](#)

Figure 14: Completed Entry for a Single Brand, Dietary Supplement

When you have completed all the entries you can click the "Save and Continue" button to record all your entries and be returned to the SFCN Summary page. You can return to this section at any time to augment or update the information.

Table 2 shows the fields for completing the Products and Claims section.

Table 2: Fields for Structure / Function Products and Claims

Field	Description
Brand Name, Dietary Supplement Name *	The name of the dietary supplement (including brand name).
Claim *	This field must include the exact language that will be used on the label and labeling for one claim.
Dietary Ingredient or Supplement for Which Claim is Made	The specific ingredient for which the claim is being made

Structure / Function Claims Notification Step-by-Step Guide

REVIEW NOTIFICATION SECTION

The Review Notification section (Figure 15) allows you to review and print the entire submission. If you detect an error, you may click the “Edit” button and be returned to that section to make corrections. Upon clicking the “Save and Continue” button you will be returned to the Review section to continue your review. You are required to check the “I have reviewed all the information.” check box and click the “Continue” button to be returned to the SFCN Summary page.

Figure 15: Review Section for Structure / Function Claims

SIGNATURE AND CERTIFICATION SECTION

Figure 16: Signature and Certification

The section must be completed to submit the notification to the FDA. Table 3 shows the fields for the Signature and Certification section.

Table 3: Signature and Certification

Field	Description
-------	-------------

Structure / Function Claims Notification Step-by-Step Guide

Name of the Responsible Official, Employee, Agent or Attorney *	Provide the Name
Title of the Responsible Official, Employee, Agent or Attorney	Provide the Title (optional)

Structure / Function Claims Notification Step-by-Step Guide


SUBMITTING THE COMPLETED STRUCTURE / FUNCTION CLAIMS NOTIFICATION

Structure / Function Claims Notification(SFCN)


Tracking Number: [REDACTED]

Paperwork Reduction Act Notice
Form Approval: OMB No. 0910-0331
Expiration Date: [REDACTED]


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](#) 

Figure 17: Ready to Submit

When the SFCN is completed, the Summary page will display a check mark next to each section as shown in Figure 17.

When you click the “Send to FDA” button, a confirmation page will appear (Figure 18).

Thank you for using the Centralized Online Submission Module

Your submission has been submitted to the Human Foods Program (HFP) 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 HFP Online Submission menu above.

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

Figure 18: Submission Confirmation Page

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The Confirmation page displays a tracking number that uniquely identifies your submission. This is not to be confused with a Submission Number. The submission number will be generated at the time the upload to the FDA is completed.

This is the end of the SFCN submission process. You may click the “Home” menu item to return to the Home page where another submission may be initiated, or you may click the “Manage Submissions” menu item to see the list of all submissions that have been created by you.

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MANAGE SUBMISSIONS

The Manage Submissions page (Figure 19)¹ gives information about all your submissions. The Tracking Number is the unique identifier for the submission. The Title will be the name of the *first* Brand Name, Dietary Supplement Name of the Products and Claims Section of the form. The Modified Date is the date and time the submission was last updated by you. The status will display “Draft” or “Submitted”. Submissions in Draft status are available for update and *do not have a Submission Number*. Updates to draft submissions may be initiated by clicking the “Pencil” icon under the “Action” heading. Submissions in Draft status may be deleted by clicking the red “Trashcan” icon under the “Action” heading. Those that say “Submitted” have been sent to the FDA. They can no longer be updated but the contents of the submission can be viewed by clicking the “eye” icon under the “Action” heading.

Manage Submissions ?

Tracking Number	Title	Modified D...	Status	Submission Number	Action	--Select--
OLS_SFC_5089	Boots	Apr 12, 2024, 1:07:02 PM	Under Review	SFC 2024-000009		<input type="checkbox"/>
OLS_SFC_4983	Best Brand Multivitamin	Dec 29, 2023, 12:35:08 PM	Pending Review	SFC 2023-000112		<input type="checkbox"/>
OLS_SFC_4889	InnerHarmony	Nov 3, 2023, 12:12:12 PM	Under Review	SFC 2023-000102		<input type="checkbox"/>
OLS_SFC_4888	Calm Gummies	Nov 3, 2023, 11:37:44 AM	Under Review	SFC 2023-000101		<input type="checkbox"/>
OLS_SFC_4887	Arbonne International, GreenSynergy Elixir	Nov 3, 2023, 11:35:21 AM	Final	SFC 2023-000100		<input type="checkbox"/>
OLS_SFC_4878	Nature Made Multi For Her 50+ Softgel	Nov 3, 2023, 10:39:34 AM	Final	SFC 2023-000093		<input type="checkbox"/>
OLS_SFC_4877	Bertolli Lozenges	Oct 31, 2023, 9:07:59 PM	Under Review	SFC 2023-000092		<input type="checkbox"/>
OLS_SFC_4658		Aug 11, 2023, 3:58:41 PM	DRAFT			<input type="checkbox"/>
OLS_SFC_4655	Brand Supplement One	Aug 10, 2023, 5:30:41 PM	Under Review	SFC 2023-000038		<input type="checkbox"/>
OLS_SFC_250	Sunmark MegaKill	Aug 3, 2023, 5:18:07 PM	Under Review	SFC 2019-000007		<input type="checkbox"/>
OLS_SFC_252	Ashwana Root	Jun 9, 2021, 11:49:16 AM	Under Review	SFC 2019-000009		<input type="checkbox"/>
OLS_SFC_4057	Test Brand Name 1	May 13, 2021, 1:21:22 PM	Final	SFC 2021-000026		<input type="checkbox"/>
OLS_SFC_3789		Feb 25, 2021, 8:22:19 AM	DRAFT			<input type="checkbox"/>
OLS_SFC_2190		Oct 28, 2020, 10:48:17 AM	DRAFT			<input type="checkbox"/>
OLS_SFC_1000		Nov 22, 2019, 10:25:56 AM	DRAFT			<input type="checkbox"/>
OLS_SFC_249		Jun 29, 2019, 9:10:43 AM	DRAFT			<input type="checkbox"/>
OLS_SFC_247	Painless Camphor Oil	Jun 26, 2019, 5:58:45 PM	DRAFT			<input type="checkbox"/>
OLS_SFC_203	Primaforce Beta-Alanine	May 1, 2019, 10:59:46 AM	SUBMITTED	SFC 2019-000004		<input type="checkbox"/>
OLS_SFC_151	Brand Name Supplement	Nov 7, 2018, 5:07:46 AM	DRAFT			<input type="checkbox"/>
OLS_SFC_129		Sep 11, 2018, 10:40:25 AM	DRAFT			<input type="checkbox"/>

Figure 19: Manage Submissions Page

¹ Please note that Figure 19 shows multiple types of submissions...not just Structure Function Claims Notifications. Those submissions that *are not showing Submission Number* are 1) NOT SFCN submissions or 2) SFCN submissions in *Draft* status.

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CONCLUSION

This concludes the SFCN Step-by-Step Guide.