

Application for substantiation of a health claim in Great Britain

Application for substantiation of a health claim in Great Britain (GB)[[1]](#footnote-2),[[2]](#footnote-3),[[3]](#footnote-4)

Applications seeking authorisation of a health claim for use in the GB market should be submitted to the competent authorities via the DHSC mailbox (which centrally coordinates applications for all GB nations). If you wish to submit an application for a claim to be authorised for use in:

* England only, please contact the competent authority via the DHSC mailbox
* Scotland only, please contact the competent authority via the Food Standards Scotland mailbox
* Wales only, please contact the competent authority via the Welsh Government mailbox

# **1. Part 1: Administrative and technical data**

## 1.1. Comprehensive table of contents of the application

Table of contents

##  1.2. Applicant

### 1.2.1. Company/organisation

Provide the name and address of the company or organisation.

Company

Address

Address

Address

Country

###  1.2.2. Contact person

Indicate the contact person authorised to communicate with the UKNHCC on behalf of the applicant.

Name

Position

Address, if different from the one in 1.2.1

Telephone/mobile number

Email

## 1.3. Scope of authorisation sought

This application is applicable to GB (England, Scotland, Wales).

If you do not wish for this application to be considered for all of GB, please stipulate which administration[s] you are applying to:

[ ]     England

[ ]           Scotland

[ ]           Wales

## 1.4 Specifications

Please select one of the options below:

[ ]  Application for a health claim pursuant to [Article 13(5) of retained, Regulation (EC) No. 1924/2006](https://www.legislation.gov.uk/eur/2006/1924/article/13), as amended by the Nutrition (Amendment etc.) (EU Exit) Regulations 2019.

Please specify:

[ ]  Based on newly developed scientific evidence and/or

[ ]  Includes a request for the protection of proprietary data

[ ]  Application for a health claim pursuant to [Article 14 of retained, Regulation (EC) No. 1924/2006](https://www.legislation.gov.uk/eur/2006/1924/article/14), as amended by the Nutrition (Amendment etc.) (EU Exit) Regulations 2019.

Please specify:

[ ]  Reduction of disease risk claim

[ ]  Claim referring to children’s development and health

[ ]  Application for a modification of an existing health claim authorisation in accordance with [Article 19 of retained, Regulation (EC) No. 1924/2006](https://www.legislation.gov.uk/eur/2006/1924/article/19), as amended by the Nutrition (Amendment etc.) (EU Exit) Regulations 2019.

Please specify:

The health claim that has been authorised and for which the modification is requested:

Authorised health claim

 The type of claim:

Article

The Regulation under which the claim has been authorised:

EC or UK Regulation

 The part of the authorisation which should be modified:

 Part of the authorisation to be modified

## 1.5. Proprietary data

State whether the application includes a request for the protection of proprietary data according to Article 21 of retained, Regulation (EC) No. 1924/2006, as amended by the Nutrition (Amendment etc.) (EU Exit) Regulations 2019.

[ ]  yes [ ]  no

If yes, please specify the Part(s) of the application which include proprietary data for which protection is requested, clearly stating section(s) and page number(s):

 Parts of the application including proprietary data

 Provide verifiable justification /declaration for the proprietary claim:

Justification for proprietary claim

## 1.6. Confidential data

State whether the application includes confidential data.

[ ]  yes [ ]  no

If yes, please specify the Part(s) in the application (including unpublished studies) which contain confidential data, clearly stating section(s) or data sets, and page number(s), and verifiable justification(s)/reasons(s) why the afore-mentioned information needs to be kept confidential should be provided:

|  |  |  |
| --- | --- | --- |
| Elements of the application dossier for which a request for confidentiality treatment was filed by the applicant (add lines as appropriate) | Section(s) or data sets, and page number(s) | Verifiable justification(s)/reasons(s) |
| Element 1 | Section & page no. | Justification |
| Element 2 | Section & page no. | Justification |
| Element 3 | Section & page no. | Justification |

## 1.7. Regulatory status outside Great Britain

If this health claim or a similar one has been submitted by the applicant to any regulatory body for authorisation outside GB, please indicate the status of the evaluation of such health claim by each regulatory body (if more than one) and specify the requested information, as applicable:

[ ]  Under consideration

Specify the claimed effect, the wording of the claim, the food/constituent for which the claim has been submitted and the date of submission. Indicate the recipient regulatory body and the identification number of the application.

Click here to enter text.

[ ]  Withdrawn

Specify the claimed effect, the wording of the claim, the food/constituent for which the claim was withdrawn, the date of withdrawal and the reason for withdrawal. Indicate the regulatory body at the time of withdrawal and the identification number of the application.

Click here to enter text.

[ ]  Approved

Specify the approved claimed effect and the wording of the claim, the food/constituent for which the claim has been approved, and the date of approval. Indicate the authorising regulatory body, the identification number of the application and if available, provide a copy of the scientific opinion of the authorising regulatory body (in Part 6, Section 6.2).

Click here to enter text.

[ ]  Rejected

Specify the rejected claimed effect and the wording of the claim, the food/constituent for which the claim has been rejected, the date of rejection and the reasons for rejection. Indicate the regulatory body which rejected the health claim, the identification number of the application and if available, provide a copy of the scientific opinion of the regulatory body which rejected the health claim (in Part 6, Section 6.2).

Click here to enter text.

## 1.8. Health claim particulars

### 1.8.1. Specify the food/constituent for which the health claim is made (refer to [UKNHCC Framework](https://www.gov.uk/government/groups/uk-nutrition-and-health-claims-committee#uknhcc-framework-for-the-evaluation-of-evidence) for definition of the food/constituent)

Food/constituent

### 1.8.2. Describe the relationship between the food/constituent and the claimed effect, including the outcome variable(s) used to assess the claimed effect *in vivo* in humans and the methods of measurement

Click here to enter text.

### 1.8.3. Provide a proposal for the wording of the health claim

The proposed wording should be in English.

Click here to enter text.

### 1.8.4. Conditions of use (refer to [UKNHCC Framework](https://www.gov.uk/government/groups/uk-nutrition-and-health-claims-committee#uknhcc-framework-for-the-evaluation-of-evidence) for definition of conditions of use)

Specify the target population for the health claim.

Click here to enter text.

Indicate the quantity of the food/constituent and pattern of consumption required to obtain the claimed effect, and whether this quantity could reasonably be consumed as part of a balanced diet.

Click here to enter text.

Provide, where appropriate, a statement addressed to the category(ies) of the population who should avoid using the food/constituent for which the health claim is made and include a rationale.

Click here to enter text.

Specify, where applicable, a warning for any food/constituent that is likely to present a health risk if consumed in excess and provide a rationale.

Click here to enter text.

Specify, where applicable, other restrictions of use, and provide a rationale.

Click here to enter text.

Specify, where applicable, directions for preparation and/or use.

Click here to enter text.

## 1.9 Application form and summary of the application

Please use the application form provided in Appendix A.

For summary of the application, please use the form provided in Appendix B.

Information requested in Appendices A and B are mandatory.

Supporting documents cited (e.g. the scientific opinion of other regulatory bodies outside GB) in Part 1 should be provided in Part 6 (Section 6.2).

# **2. Part 2: Characterisation of the food/constituent (see section 7.1 in EFSA’s** [**General scientific guidance for stakeholders on health claim applications (Revision 1)**](https://efsa.onlinelibrary.wiley.com/doi/abs/10.2903/j.efsa.2021.6553)**)**

Indicate if the food/constituent that is the subject of the health claim is:

[ ]  a single constituent or a fixed combination of constituents. If yes, please go to Section 2.1, and where applicable to Sections 2.3 and 2.4.

[ ]  a food or a food category. If yes, please go to Section 2.2, and where applicable to sections 2.3 and 2.4.

## 2.1. Single constituent or fixed combination of constituents

For single constituents or fixed combinations of constituents, which are exclusively vitamins and/or minerals, please go to Section 2.1.1.

For single constituents which are not vitamins or minerals as described in Section 2.1.1, and for fixed combinations of constituents in which at least one constituent is NOT a vitamin or a mineral (e.g. a combination of EPA+DHA+GLA at a weight ratio of 9:3:1), please go to Section 2.1.2.

### 2.1.1. Vitamins and minerals

If the food constituent for which the claim is made is a vitamin or a mineral, or a fixed combination of vitamins and/or minerals, and its characterisation relates to the chemical form of the nutrient(s) naturally present in foods and forms that are permitted for addition to foods, please specify:

The name of the food/constituent:

Click here to enter text.

The chemical forms to which the health claim applies (one or more among those included in the Schedules to The Nutrition (Amendment etc) (EU Exit) Regulations 2019:

Click here to enter text.

### 2.1.2. Food/constituents other than vitamins and minerals falling under section 2.1.1

Name, the characteristic(s), the source and specifications (e.g. physical and chemical properties, composition, and where applicable, microbiological constituents) of the constituent(s), or fixed combination of constituents, for which the health claim is made should be provided.

Click here to enter text.

The variability from batch to batch should be described.

Click here to enter text.

Analytical methods applied should be scientifically sound and standardised to ensure quality and consistency of the data.

Measurements should be performed in a competent facility that can certify the data. Whenever a quality control system is in place for performance/control/documentation (e.g. GLP and applicable ISO standard) the particular system should be indicated.

Click here to enter text.

## 2.2. Food or category of food

A brief description of the food or food category, including characterisation of the food matrix and the overall composition (including the nutrient content of the food), should be provided.

Click here to enter text.

The source and specifications of the food or food category for which the health claim is made should be provided, and in particular the content of the food/constituent(s) which may contribute to exert the claimed effect, if known.

Click here to enter text.

The variability from batch to batch should be described.

Click here to enter text.

Analytical methods applied should be scientifically sound and standardised to ensure quality and consistency of the data.

Measurements should be performed in a competent facility that can certify the data. Whenever a quality system is in place for performance/control/documentation (e.g. GLP and applicable ISO standard) the particular system should be indicated.

Click here to enter text.

## 2.3. Manufacturing process

Where applicable, a brief overview of manufacturing process, including e.g. information that the food/constituent can be manufactured consistently to the stated specifications, should be provided. If the production follows a quality system (e.g. GMP), the particular system should be indicated.

Click here to enter text.

If the manufacturing process is claimed as confidential, a non-confidential summary of the manufacturing process should also be provided in the dossier for transparency reasons.

Click here to enter text.

## 2.4. Stability information

Where applicable, a brief summary of the studies undertaken (e.g. conditions, batches and analytical procedures), and of the results and conclusions of the stability studies, should be provided. Conclusions with respect to storage conditions and shelf-life should be given.

Click here to enter text.

## 2.5. References

Provide a complete list of the references quoted in Part 2 (alphabetical order of first authors).

Click here to enter text.

Supporting documents should be provided in Part 6 (Section 6.2).

# **3. Part 3: Characterisation of the claimed effect (see section 7.2 in EFSA’s** [**General scientific guidance for stakeholders on health claim applications (Revision 1)**](https://efsa.onlinelibrary.wiley.com/doi/abs/10.2903/j.efsa.2021.6553)**)**

## 3.1. Function claims

The proposed health claim is based on the essentiality of a nutrient

[ ]  yes [ ]  no

If yes, please specify:

a) the function of the body that is the subject of the claimed effect.

Click here to enter text.

b) the rationale/reasons why the body function is a beneficial physiological effect for the target population for which the claim is intended.

Click here to enter text.

If not, please specify:

a) the specific body function that is the subject of the claimed effect.

Click here to enter text.

b) the rationale/reasons why the specific body function is a beneficial physiological effect for the target population for which the claim is intended.

Click here to enter text.

c) how the specific body function can be assessed *in vivo* in humans by generally accepted methods. Please indicate the outcome variable(s) and the methods of measurement proposed to assess the claimed effect in human studies.

Click here to enter text.

## 3.2. Disease risk reduction claims

### 3.2.1. Definition of the claimed effect

Please specify:

a) the risk factor for the development of the human disease:

Click here to enter text.

b) how the specific risk factor can be assessed *in vivo* in humans. Please indicate the outcome variable(s) and the methods of measurement proposed to assess the risk factor in human studies:

Click here to enter text.

c) the disease to which the risk factor relates:

Click here to enter text.

d) the criteria used for the diagnosis of the disease (i.e. the criteria used for diagnosis are widely accepted by the medical community and can be verified by a physician):

Click here to enter text.

### 3.2.2. Characterisation of the relationship between the risk factor and the risk of the related disease

If available, provide evidence from observational studies for an independent association between the proposed risk factor and the incidence of the disease:

Click here to enter text.

Provide evidence that the relationship between the risk factor and the development of the disease is biologically plausible:

Click here to enter text.

If available, provide evidence from intervention (drug or dietary) studies that a reduction of the risk factor generally reduces the incidence of the disease:

Click here to enter text.

## 3.3. References

Provide a complete list of the references quoted in Part 3 (alphabetical order of first authors):

Click here to enter text.

Full reprints of the references quoted should be provided in Part 6 (Section 6.3).

# **4. Part 4: Identification of pertinent scientific data (see section 7.4 in EFSA’s** [**General scientific guidance for stakeholders on health claim applications (Revision 1)**](https://efsa.onlinelibrary.wiley.com/doi/abs/10.2903/j.efsa.2021.6553) **and the** [**UKNHCC Framework for the evaluation of evidence submitted for the substantiation of nutrition and health claims**](https://www.gov.uk/government/groups/uk-nutrition-and-health-claims-committee#uknhcc-framework-for-the-evaluation-of-evidence)**)**

## 4.1. Claims based on the essentiality of nutrients

Describe the procedure followed to identify the evidence on the essentiality of the nutrients.

Click here to enter text.

Provide case reports of clinical signs and symptoms of deficiency, depletion–repletion studies in humans, animal studies, *in vitro* studies, and/or any other evidence (in favour and not in favour) to establish that:

i. the food/constituent is required for normal human body function(s), i.e. it has an essential mechanistic role in a metabolic function and/or it has the ability to reverse clinical signs and symptoms of its deficiency;

ii. the food/constituent cannot be synthesised by the body, or cannot be synthesised in amounts which are adequate to maintain normal human body function(s);

iii. the food/constituent must be obtained from a dietary source (i.e. a source which is appropriate for human oral consumption).

A complete list of the references (alphabetical order of first authors) should be provided and organised as follows:

a) depletion–repletion studies in humans

Click here to enter text.

b) case reports of clinical signs and symptoms of deficiency in humans

Click here to enter text.

c) animal studies

Click here to enter text.

d) *in vitro* studies

Click here to enter text.

e) review publications (e.g. narrative reviews, text-book chapters, etc.)

Click here to enter text.

Full reprints of references quoted should be provided in Part 6 (Section 6.4).

## 4.2. Claims other than those based on the essentiality of nutrients

### 4.2.1. Identification of published human studies on the relationship between the consumption of the food/constituent and the claimed effect (refer to EFSA’s [General scientific guidance for stakeholders on health claim applications (Revision 1)](https://efsa.onlinelibrary.wiley.com/doi/abs/10.2903/j.efsa.2021.6553) for further guidance)

Published human studies on the relationship between the consumption of the food/constituent and the claimed effect should be identified in a systematic and transparent manner through a comprehensive review of the scientific literature.

The following information on the comprehensive review should be provided, as appropriate:

### Authorship

Name, affiliation, declaration of interests and signature of the reviewer(s) responsible for the comprehensive review should be indicated.

Click here to enter text.

### Objectives

The questions that the comprehensive review aims to address should be clearly specified in relation to the study group(s), the food/constituent, the comparator (if applicable), the outcome variable(s) used to assess the claimed effect, the methods of measurement which are considered valid with respect to their analytical characteristics, and the study design(s).

Click here to enter text.

### Eligibility criteria

Specify the inclusion and exclusion criteria applied in order to select publications that are considered pertinent to the health claim with respect to the study group(s), the food/constituent, the comparator (if applicable), the outcome variable(s) used to assess the claimed effect, the methods of measurement, the study design(s), and other characteristics, where appropriate.

Click here to enter text.

### Literature search and other data sources

The databases that have been searched should be listed.

Click here to enter text.

Please provide the full search strategy, including the terms used, limits used (e.g. publication dates, publication types, languages, population subgroups or default tags), in order to allow replication. Other sources of data used to retrieve pertinent published human studies should be acknowledged (e.g. web sites, hand searching, expert knowledge). Please list the trial registries searched, specify whether pertinent published human studies were registered. Include dates and search terms. If known, please provide rationale for not registering the trial and indicate whether primary data is available.

Click here to enter text.

Click here to enter text.

### Published human studies on the relationship between the consumption of the food/constituent and the claimed effect identified as pertinent to the health claim (refer to [UKNHCC Framework](https://www.gov.uk/government/groups/uk-nutrition-and-health-claims-committee#uknhcc-framework-for-the-evaluation-of-evidence) for definition of a pertinent study)

a) Provide a reference list of the publications that have been identified through the literature search (and/or other data sources) and which have been considered as pertinent to the health claim (i.e. which meet the eligibility criteria specified above). The reference list should be organised in accordance with the hierarchy of study design and publication type as follows:

a1) Publications reporting on human intervention (efficacy) studies (e.g. randomised controlled studies, randomised uncontrolled studies, non-randomised controlled studies, other intervention studies)

Click here to enter text.

a2) Publications reporting on human observational studies (e.g. cohort studies, case–control studies, cross-sectional studies, other observational studies)

Click here to enter text.

a3) Summary publications reporting on human intervention and/or human observational studies (e.g. systematic reviews, pooled analyses, meta-analyses, other review publications)

Click here to enter text.

Full reprints of the above-mentioned publications should also be provided in Part 6 (Section 6.4).

b) Please provide a reference list of the publications that have been identified through the literature search (and/or other data sources) on the relationship between the consumption of the food/constituent and the claimed effect, which have NOT been considered as pertinent to the health claim (i.e. which do NOT meet the eligibility criteria specified above). For each publication, the reason(s) for exclusion of the publication from the application should be clearly specified. The full text of these publications should NOT be provided in the application.

Click here to enter text.

### 4.2.2. Unpublished human studies on the relationship between the consumption of the food/constituent and the claimed effect

The procedure followed to identify unpublished human studies that are considered as pertinent to the health claim should be depicted. Please list the trial registries searched, specify whether pertinent published human studies were registered. Include dates and search terms. If known, please provide rationale for not registering the trial and indicate whether primary data is available.

Click here to enter text.

### Reference list of unpublished human studies

Provide a reference list of any unpublished human (intervention or observational) studies and of any summary publication (systematic reviews/meta-analyses/pooled analyses) reporting on human (intervention or observational) studies which the applicant considers as being pertinent to the health claim. The reference list should be organised in accordance with the hierarchy of study design and publication type, as follows:

a1) Human intervention (efficacy) studies (e.g. randomised controlled studies, randomised uncontrolled studies, non-randomised controlled studies, other intervention studies)

Click here to enter text.

a2) Human observational studies (e.g. cohort studies, case–control studies, cross-sectional studies, other observational studies)

Click here to enter text.

a3) Summary reports of human intervention and/or human observational studies (e.g. systematic reviews, pooled analyses, meta-analyses, other reviews)

Click here to enter text.

The full protocol and the full study report of the above-mentioned studies SHOULD be provided in Part 6 (Section 6.5).

For study reports of human efficacy studies (unpublished and/or proprietary), please see Appendix C for the content requirements.

### 4.2.3. Published and unpublished supportive evidence (refer to [UKNHCC Framework](https://www.gov.uk/government/groups/uk-nutrition-and-health-claims-committee#uknhcc-framework-for-the-evaluation-of-evidence) for definition of supportive evidence and how it will be used in the assessment)

The procedure(s) followed to identify published and unpublished studies other than human studies on the relationship between the consumption of the food/constituent and the claimed effect (e.g. bioavailability studies, studies on the mechanism(s) by which a food could exert the claimed effect) should be depicted.

Click here to enter text.

### Reference list of published/unpublished studies

Provide a reference list of the publications/unpublished studies other than human studies on the relationship between the consumption of the food/constituent and the claimed effect which have been considered as pertinent to the health claim. The reference list should be organised in accordance with the hierarchy of study design and publication type, as follows:

a) human studies

Click here to enter text.

b) animal efficacy studies

Click here to enter text.

c) other animal studies

Click here to enter text.

d) *in vitro* studies

Click here to enter text.

Full reprints of the above-mentioned publications, and the full protocol and study report for unpublished studies, should also be provided in Part 6 (Section 6.4 for published studies and Section 6.5 for unpublished studies).

# **5. Part 5: Overall summary of pertinent scientific data**

The scope of this section is to critically and concisely summarise the extent to which the relationship between the consumption of the food/constituent and the claimed effect is supported by the totality of the evidence identified as pertinent to the health claim in Part 4 of the application.

Note: No new/additional references should be cited in Part 5, except those identified in Part 4.

## 5.1. Claims based on the essentiality of nutrients

Provide a reasoned and concise summary on the extent to which:

i. the food/constituent is required for normal human body function(s), i.e. it has an essential mechanistic role in a metabolic function and/or it has the ability to reverse clinical signs and symptoms of its deficiency. Please provide a rationale for the relationship between the metabolic function and/or the specific clinical signs and symptoms of deficiency and the human body function that is the subject of the health claim.

ii. the food/constituent cannot be synthesised by the body or cannot be synthesised in amounts which are adequate to maintain the normal body function that is the subject of the health claim.

iii. the food/constituent must be obtained from a dietary source (i.e. a source which is appropriate for human oral consumption).

Cross-references to the pertinent scientific data identified in Part 4 (Section 4.1) should be given, where appropriate.

Click here to enter text.

## 5.2. Claims other than those based on the essentiality of nutrients

The scope of Sections 5.2.1 and 5.2.2 is to critically and concisely summarise the extent to which the relationship between the consumption of food/constituent and the claimed effect is supported by the totality of (published and unpublished) human studies identified as pertinent to the health claim in Part 4 (Sections 4.2.1 and 4.2.2) of the application. Cross-references to pertinent human studies (intervention or observational) should be given, as appropriate.

### 5.2.1. Substantiation of a causal relationship between the consumption of the food/constituent and the claimed effect

The extent to which the data substantiate a causal relationship between the consumption of the food/constituent and the claimed effect should be addressed by considering:

i. the specificity of the effect;

ii. the dose-response relationship;

iii. the magnitude of the effect and its physiological relevance;

iv. the consistency of the effect across studies (consistent results obtained from studies by different research groups and/or in different settings strengthen the evidence).

Click here to enter text.

### 5.2.2. Characterisation of the relationship between the consumption of the food/constituent and the claimed effect

The relationship between the consumption of the food/constituent and the claimed effect should be characterised by considering:

i. the study group(s) in which the effect has been demonstrated and whether study groups are representative of the target population;

ii. the conditions under which the effect has been achieved (metabolic room, clinical setting, free-living subjects, etc.);

iii. the sustainability of the effect over time with continuous consumption of the food/constituent, where applicable;

iv. the lowest effective dose, when available;

v. the amount of the food/constituent used to achieve the effect, the usual intakes of the food/constituent in the target population, and whether these amounts could be reasonably consumed as part of a balanced diet.

Click here to enter text.

### 5.2.3. Supportive evidence

### Bioavailability

Where applicable, concisely summarise the relevant data and rationale to support that the food/constituent for which the health claim is made is in a form that is available to be used by the human body.

If available, describe any factors (e.g. formulation and processing) that could affect the absorption or utilisation in the body of the food/constituent for which the health claim is made.

Note: If absorption is not necessary to produce the claimed effect (e.g. plant sterols, fibres and lactic acid bacteria), concisely summarise the relevant data and rationale to support that the food/constituent reaches the target site.

Click here to enter text.

### Mechanism(s) of action

If known, concisely describe the mechanism(s) by which the food/constituent could exert the claimed effect. If the food/constituent is a fixed combination of constituents, please indicate how each constituent could contribute to the claimed effect.

Cross-references to published and unpublished supportive studies identified in Part 4 (Section 4.2.3) should be given, as appropriate.

Click here to enter text.

### Summary of supportive evidence

This section should critically and concisely summarise how, and the extent to which, the published and unpublished studies other than human studies on the relationship between the consumption of the food/constituent and the claimed effect identified in Part 4 (Section 4.2.3) may help to support the relationship between the food/constituent and the claimed effect in humans (e.g. by providing evidence on the biological plausibility of the specific claim, including bioavailability of the food/constituent, and the mechanisms by which the food/constituent could exert the claimed effect).

Click here to enter text.

# **6. Annexes to the application**

## 6.1. Glossary and abbreviations

Used throughout the different Parts. To be presented alphabetically.

## 6.2. Supporting documents and copies/reprints of references cited in Parts 1 and 2

Supporting documents referred to in Part 1. If available, include here, e.g. scientific opinions of regulatory bodies outside GB for health claim authorisation.

Supporting documents referred to in Part 2 related to characterisation of the food/constituent.

Copies/reprints should be provided by alphabetical order of first authors.

## 6.3. Copies/reprints of references related to characterisation of the claimed effect cited in Part 3

Copies/reprints should be provided by alphabetical order of first authors.

## 6.4. Copies/reprints of pertinent published data identified in Part 4

Copies/reprints of pertinent published data identified in Part 4 (Sections 4.1, 4.2.1 and 4.2.3) should be provided by alphabetical order of first authors.

## 6.5. Full study protocols and reports of pertinent unpublished data identified in Part 4

Copies/reprints of pertinent unpublished data identified in Part 4 (Sections 4.2.2 and 4.2.3) should be provided by alphabetical order of first authors.

Appendix A: Application form (mandatory)

The application form should be used for an application for a health claim pursuant to Article 13(5)

or 14, or for a modification of an existing authorisation in accordance with Article 19 of retained, Regulation (EC) No. 1924/2006, as amended by the Nutrition (Amendment etc.) (EU Exit) Regulations 2019 submitted to the UK government for the scientific evaluation by the UK Nutrition and Health Claims Committee (UKNHCC).

A separate application form for each health claim is required.

**Food/constituent (specify as appropriate)[[4]](#footnote-5):** Click here to enter text.

**Proposed wording of the health claim:** Click here to enter text.

**Application for a health claim pursuant to:**

[ ]  Article 13(5) retained, Regulation (EC) No. 1924/2006, as amended by the Nutrition (Amendment etc.) (EU Exit) Regulations 2019.

[ ]  Article 14 of retained, Regulation (EC) No. 1924/2006, as amended by the Nutrition (Amendment etc.) (EU Exit) Regulations 2019.Claim referring to children’s development and health

[ ]  Article 14 of retained, Regulation (EC) No. 1924/2006, as amended by the Nutrition (Amendment etc.) (EU Exit) Regulations 2019. Reduction of disease risk claim

[ ]  Article 19 of retained, Regulation (EC) No. 1924/2006, as amended by the Nutrition (Amendment etc.) (EU Exit) Regulations 2019. for a modification of an existing authorisation

**Applicant:** Company

Address

Address

Address

 Country

**Contact person**: Name

Address

Address

Address

Telephone/mobile number

Email

It is hereby confirmed to our best knowledge that all existing data which are relevant to the health

claim authorisation have been supplied in the application, as appropriate.

**On behalf of the applicant:**

Signature:

Name: Click here to enter text.

Position: Click here to enter text.

Place and date (dd-mm-yyyy): Click here to enter text.

Appendix B – Summary of the application [Mandatory]

The template provided should be used for the summary of the application for a health claim

pursuant to Article 13(5) or 14, or for a modification of an existing authorisation in accordance with

Article 19 retained, Regulation (EC) No. 1924/2006, as amended by the Nutrition (Amendment etc.) (EU Exit) Regulations 2019. submitted to the UK government for the scientific evaluation by the UK Nutrition and Health Claims Committee (UKNHCC).

Note: The summary of the application should not contain confidential data. For claims falling under

the scope of Article 14, the UKNHCC will make public the summary of the application as provided by the applicant.

**Applicant**: Company

Address

Country

**Scope of authorisation sought (GB, England, Scotland, Wales)**: Click here to enter text.

**This application concerns**:

[ ]  a health claim pursuant to Article 13(5) retained, Regulation (EC) No. 1924/2006, as amended by the Nutrition (Amendment etc.) (EU Exit) Regulations 2019.

[ ]  a health claim referring to disease risk reduction pursuant to Article 14 retained, Regulation (EC) No. 1924/2006, as amended by the Nutrition (Amendment etc.) (EU Exit) Regulations 2019.

[ ]  a health claim referring to children’s development and health pursuant to Article 14 of

retained, Regulation (EC) No. 1924/2006, as amended by the Nutrition (Amendment etc.) (EU Exit) Regulations 2019.

[ ]  a modification of an existing health claim authorisation in accordance with Article 19 of retained, Regulation (EC) No. 1924/2006, as amended by the Nutrition (Amendment etc.) (EU Exit) Regulations 2019.Please specify:

[ ]  Modification of an authorised Article 13(1) health claim

[ ]  Modification of an authorised Article 13(5) health claim

[ ]  Modification of an authorised Article 14 health claim

**Health claim particulars**

Specify the food/constituent:

Click here to enter text.

Describe the relationship between the food/constituent and the claimed effect, including the outcome variable(s) used to assess the claimed effect *in vivo* in humans and the methods of measurement:

Click here to enter text.

Proposal for the wording of the health claim:

Click here to enter text.

Specify the conditions of use: Click here to enter text.

Appendix C – Information to be presented in a full study report for human efficacy studies (unpublished and/or proprietary)

A study report can be considered complete when it contains at least the information outlined in this Appendix. This Appendix has been adapted from the International Conference on Harmonisation (ICH) guideline E3 on the structure and content of clinical study reports[[5]](#footnote-6) for the purpose of health claim substantiation. Study reports which follow the full structure of ICH E3 are also acceptable.

Study reports not complying with the requirements outlined below may not allow a scientific evaluation of the study by the UKNHCC.

### 1) Title page

The title page should include information on the food/constituent under investigation, the primary outcome variable(s) studied, the method(s) of measurement used to assess the outcome variable(s) *in vivo* in human, the study design (e.g. double or single-blind, two or more arms/periods, parallel or cross-over, single or multicentre), the study group(s), the study initiation and completion date, the place in which the study was conducted, the name of the sponsor, the funding source and its exact role and contribution to the study (e.g. in the design, conduct, analysis and/or reporting of the study, if any), the name of the principal investigator, the name of the author of the report and the date when the report has been signed off.

### 2) Summary

### 3) Table of contents

### 4) List of abbreviations and definition of terms

### 5) Ethical considerations

This should include information about the review and approval of the study by an ethics committee. Information about the ethical conduct of the study, about how the informed consent was obtained from participants should be provided. If a review or approval by an ethics committee was not provided, this should be specified and duly justified.

### 6) Trial registration

It should be specified whether the study has been registered in a trial registry. If so, the trial registration number should be given. In case the study has not been registered, explanation should be given.

### 7) General information about the study

In this section, the name/affiliation of the investigators and other people with a major role in the study (e.g. staff carrying out observations related to the outcome variable(s) under investigation), the statisticians and the authors of the report, should be provided. The section should also include information about the facilities which were used (e.g. for multicentre studies: information about the

study sites and about the use of a central laboratory vs non-central sample analyses), and on whether a contract research organisation has been tasked to carry out the work.

### 8) Study objectives

The objective(s) of the study and the hypothesis to be tested should be specified in this section.

### 9) Study design

This section should outline whether the study was planned, e.g. as open-label, single-blind (specifying who was blinded) or double-blind study, as a single- or multicentre study (with a specification about the number of study sites). Information about the country setting, the type of control used (and the reasons why it was considered appropriate in the context of the study), the study duration and a discussion on the choice of the study design for investigating the selected outcome variable(s) should also be provided. In case the study was planned with an adaptive design, it should be specified which kind of adaptations at which time points were planned in the protocol and whether a Data Monitoring Committee was involved in the implementation of the plan.

### 10) Study group

The inclusion and exclusion criteria should be described, including the diagnostic criteria (and their validation) used to select subjects, if applicable. The appropriateness of the study group for the particular purpose of the study should be discussed. Any predefined criteria for excluding subjects from the study after randomisation should also be given, together with information on how these subjects were intended to be followed up.

### 11) Study products

A detailed description of the food/constituent[[6]](#footnote-7) under investigation and the control used (if any), including information on the mode of administration, and the amounts used, should be provided.

### 12) Method of assigning subjects to groups

Details on the method used to assign subjects to the study groups (randomisation or minimisation) should be given. It should be specified whether this allocation was done in a centralised or decentralised way, whether it was stratified (and if so by which factors) or whether the allocation was done in blocks. Information on the measures taken to conceal the allocation should also be described here.

### 13) Blinding

Information on the strategy used to ensure blinding should be provided, e.g. measures taken to achieve that the study products were not distinguishable by smell, taste, colour, shape or packaging; how products were labelled (e.g. by subject individual codes or other). Information should be given on who had access to the product codes, whether there were any predefined circumstances in which the blinding could be broken and who from the team of investigators would be unblinded in case of such a need. If proper blinding could not be achieved, please discuss and justify why this was not possible. For studies with an adaptive design, it should be reported how it was ensured that the study personnel remained blinded to the interventions, especially if the pre-planned adaptation required unblinding of the data. In such a case, it should be justified why the particular adaptation made it necessary to unblind the data and why the same aim could not have been achieved with statistical methods not requiring such unblinding.

### 14) Concomitant medication or interventions

Any concomitant medication or non-pharmacological interventions, any rescue medication allowed by the study protocol should be described here (e.g. name of medication, dose and posology, type of non-pharmacological intervention, frequency, duration).

### 15) Compliance with the intervention and the protocol

This section should include a detailed description about the measures taken to ensure and assess compliance with the intervention and the protocol.

### 16) Outcome variable(s) measured

Information about the predefined primary outcome variable(s), secondary outcome variable(s) and all other outcomes planned to be measured should be presented in this section.

The methods used to assess the outcome variable(s) should be specified.

This section should also include information about the timing of the measurements (e.g. flow chart), and a justification of the appropriateness of the outcome variable(s) chosen to achieve the objective(s) of the study.

### 17) Data quality assurance

Any measures taken with respect to the quality assurance and quality control systems implemented for data collection should be addressed here. Whenever a quality control system has been used/ reported in the conduct of the studies (e.g. GCP, as relevant), the particular system should be indicated.

### 18) Pre-planned statistical analyses

This section refers to the statistical analysis planned before the implementation of the study, and should specify whether any subgroup analyses were pre-planned (e.g. whether there was a priori hypothesis of a differential effect in a particular subgroup of subjects). The choice of each statistical technique should be appropriately justified. The data analysis sets (e.g. ITT, FAS, PP) should also be defined. It should be specified which of the analyses presented have been prespecified as the main analysis in case several alternative analyses for one outcome variable are planned (e.g. ITT vs PP or different models used). The reasons for the choice of the analysis should be given. If imputation of missing data is foreseen, information should be given on how it is planned to assess the robustness of the assumptions made with respect to the imputation of data. For studies for which an adjustment for multiple comparisons is needed in order to preserve the family-wise type I error rate, the pre-planned approach towards adjusting for multiplicity should be specified. In case of studies with an adaptive design, the number and time points of pre-specified interim analyses, as well as the statistical methods used to conserve the type I error rate, should be given. The appropriateness of the statistical method used for the design of the study should be discussed. Finally, it should be stated which analyses were planned to be confirmatory and which ones exploratory.

### 19) Determination of sample size

Detailed information on how the planned sample size of the study was calculated should be given here. This should include information about the expected size of the effect, the assumed standard

deviation of the population, the significance level chosen, the anticipated power of the study, and the statistical tests (to be performed) to which the sample size calculation relates. In addition, information should be given on whether equal or unequal allocation to groups has been accounted for in the sample size calculation (if unequal allocation is foreseen) and whether any allowance for drop-out has been made. Finally, the programme used to calculate the sample size should be identified. In case of studies with adaptive design allowing for sample size re-estimation, the planned method for re-estimating sample size should be described.

### 20) Protocol amendments, deviations and violations/deviations from the planned approaches and analyses

Non-adherence or changes made during or after the study with respect to the pre-planned approaches or pre-planned analyses should be specified here.

Any protocol amendments (i.e. a systematic change in the protocol after approval), protocol deviations and violations (i.e. unplanned unsystematic deviations from the protocol with either minor effects (deviations) or affecting the scientific integrity (violations)) should be outlined.

A protocol amendment may, for example, relate to a systematic change of the pre-established inclusion and exclusion criteria, the planned study design, addition or deletion of outcome variable(s), sample size, the planned statistical approaches or the definition of data analysis sets (e.g. ITT vs PP).

If no protocol amendments have been made, it should be confirmed that the study was carried out according to the protocol.

Protocol deviations and violations may relate, for example, to inadequate or not-timely collected informed consent, inclusion of subjects not meeting the eligibility criteria, improper breaking of the blind, improper assessment of an outcome variable, incorrect or missing tests, rescheduled or missed study visits, visits outside the permitted window, inadequate record keeping, use of not permitted medication or a non-pharmacological intervention.

Any additional exploratory analyses conducted which were not part of the (amended) protocol (e.g. unplanned subgroup analyses to inform a subsequent study) should also be recorded.

### 21) Subject flow

A clear description of the number of subjects screened, the number of subjects recruited, the number of subjects randomised, the number of subjects who entered and completed each study phase, the number of drop-outs and the number of withdrawals should be specified. The reasons for subjects dropping-out of the study or for having been withdrawn from the study by the investigators should be stated. Information about whether and when the blind was broken (if so) should also begiven here.

### 22) Data sets analysed

This section should include a clear definition of each analysis set used for final analysis (e.g. ITT, FAS, PP), including information on the number of subjects available for each analysis at each assessment time point. In case PP analyses are presented, information should be given on the extent to which the subjects included in this analysis set could have deviated from the protocol, and the reasons why they were still eligible for inclusion in the PP analysis set. Finally, the reasons for excluding subjects from each analysis at each time point should be given.

### 23) Baseline characteristics of the study population

In this section, baseline characteristics for all analysis sets should be given (e.g. ITT, FAS, PP, completers, other) – overall and by study centre for multicentre studies.

### 24) Results of assessment of compliance with the intervention and the protocol

Results of the assessment of compliance with the intervention and with the protocol should be given here.

### 25) Statistical analysis carried out

A detailed description of the statistical analysis carried out should be provided, in line with EFSA’s guidance on statistical reporting[[7]](#footnote-8) (EFSA, 2014). This description should include, among other, information on:

• the statistical programme used (version number and operating system);

• the type of statistical tests/models used;

• the test/model selection;

• the appropriateness of the test/model used for the type of data generated;

• the handling of missing data (including a detailed description of the potential missingness mechanism and of how the missing data were handled). If missing data was imputed, please describe the methods used to do so and specify which sensitivity analyses were carried out, if any;

• the variables or factors used as fixed or as random effects (if appropriate);

• the assumed covariance structure for longitudinal analyses;

• the adjustment for covariates (and justification about the covariates used);

• the handling of data stemming from multicentre trials;

• whether any issue with respect to multiple comparisons arises (in case of multiple primary outcome variables or multiple group comparisons, or if a secondary outcome variable is intended to be used as the primary efficacy criterion instead of the primary outcome variable); this should include a description of the method chosen for adjusting the analysis for multiple comparisons and information on the number of outcome variables for which the analysis has been adjusted.

### 26) Results of the study

Results for all the outcome variables assessed and for all analysis sets investigated should be presented. The results should be given as estimates with associated confidence intervals and p-values (if corrected for multiple comparisons, both the uncorrected and the corrected results (confidence intervals and p-values accounting for multiple comparisons)) should be given. Results should be presented for all groups under investigation and for each assessment time point if foreseen in the prespecified analysis plan; otherwise descriptive statistics should be included. The information should be presented in a tabular format, and not only graphically. For multicentre trials, results or descriptive statistics for the individual centres should be presented (if prespecified). The number of subjects included in each analysis and assessment time point should be provided. In case of data imputation, the results of the related sensitivity analyses should be included. The full outputs of the statistical analyses, together with the associated codes used for programming should be given as an Annex. A full list of the abbreviations used to denominate variables or factors in the programming should also be given, so that the statistical outputs are self-explanatory.

### 27) Adverse events

In case adverse events are assessed in the study, adverse events should be clearly reported (possibly indicating those which may be related to the intervention and those which may be not related to the intervention), together with information on the (diagnostic) criteria used to ascertain them.[[8]](#footnote-9)

1. This application form follows the approach of that provided by EFSA for claims to be used in the EU but with modifications appropriate for use in GB. [↑](#footnote-ref-2)
2. Applicants should refer to the [Framework for the evaluation of evidence submitted for the substantiation of nutrition and health claims](https://www.gov.uk/government/groups/uk-nutrition-and-health-claims-committee#uknhcc-framework-for-the-evaluation-of-evidence) which the UKNHCC uses in carrying out risk assessments of nutrition and health claim applications [↑](#footnote-ref-3)
3. The UK guidance for industry recommends that applicants check beforehand whether their product falls into the definition of a medicinal product or a novel food before applying.

For medicinal products, refer to guidelines from MHRA and the Medicines Borderline Advice form <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759581/012__GN8_-_final_2018_combined_doc_Oct.pdf> ; <https://info.mhra.gov.uk/forms/borderline_advice.aspx>

For novel foods, refer to the retained, Regulation (EC) No. 2015/2283, as amended by The Novel Food (Amendment) (EU Exit) Regulations 2019 [↑](#footnote-ref-4)
4. Food/constituent’ refers to a food category, a food or its constituents (including a nutrient or other substance, or a fixed combination of constituents). [↑](#footnote-ref-5)
5. <http://www.ich.org/products/guidelines/efficacy/article/efficacy-guidelines.html> [↑](#footnote-ref-6)
6. Sufficient information should be provided to establish that the study was performed with a food/constituent which complies with the specifications given for the food/constituent for which the claim is proposed (e.g. the microbial strain(s) used). [↑](#footnote-ref-7)
7. <http://www.efsa.europa.eu/sites/default/files/scientific_output/files/main_documents/3908.pdf> [↑](#footnote-ref-8)
8. For reporting of safety-related data see also [ICH-E3-‘Structure and content of study reports’](https://www.ich.org/) [↑](#footnote-ref-9)