

PEPTIDE QUICK REFERENCE

RECONSTITUTION & DOSING PROTOCOL

PEPTIDE / VIAL	DOSING PROTOCOL	RECONSTITUTION	DRAW & FREQUENCY	CYCLE TIMELINE	CLINICAL MECHANICS & ADMINISTRATION
5-Amino-1MQ <i>50 mg vial — NNMT inhibitor</i>	STANDARD: 2.5-5 mg/day	BAC Water: 4.0 mL · Conc.: 12.5 mg/mL	Draw: 20-40 units · Freq.: Daily, SC	10-20 days/vial	Small-molecule NNMT inhibitor; studied for effects on cellular NAD+ / methylation balance and metabolic rate (preclinical). <i>Inject SC once or twice daily, rotating sites (abdomen, thigh, upper arm).</i>
ACE-031 <i>1 mg vial — myostatin/activin blocker (discontinued trial compound)</i>	TRIAL DOSE: 1.0-2.5 mg/kg, q2wk	Route: SC injection (per trial protocol)	Source: Phase 1/2 DMD trials only	Discontinued — trial halted at 12 wks	ActRIIB-Fc fusion protein (ramatecept); blocks myostatin/activin signaling. Phase 2 Duchenne muscular dystrophy trial was terminated early by the safety board for vascular adverse events (epistaxis, telangiectasias); never approved for any use. <i>Discontinued investigational compound — not established as safe for self-administration; flag for customer research before listing.</i>
Adamax <i>10mg vial — GH secretagogue blend</i>	WK 1-2: 300 mcg/day WK 3-4: 500 mcg/day WK 5-6: 750 mcg/day WK 7+: 1000 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 9-30 units · Freq.: Daily, SC	8-12 wks on/off	Growth-hormone secretagogue blend; studied for pulsatile GH support (preclinical). <i>Inject SC once daily, rotating sites (abdomen, thigh, upper arm).</i>
AE37 <i>2mg — HER2/neu peptide vaccine (investigational)</i>	N/A: Clinical-trial vaccine only	Status: Given with GM-CSF adjuvant in oncology trials	Source: Academic/oncology trial setting only	Not established for research-vial use	ti-Key hybrid HER2/neu peptide immunotherapy studied in breast-cancer vaccine trials (intradermal, with GM-CSF adjuvant, under oncologist supervision); not a compound with a standalone self-administered dosing protocol. <i>Not applicable to a BAC-water research-vial format — flag for customer research before listing.</i>
Alarelin <i>research compound — no human dosing established</i>	N/A: No human protocol found	Status: Research/vet chemical only	Source: MedChemExpress/Cayman — lab use	Not established	GnRH agonist sold only as a lab research chemical (MedChemExpress, Cayman Chemical, TargetMol); no published human clinical dosing protocol was found in any source checked. <i>Not established for human use — flag for customer research before listing.</i>
Amylin <i>5mg vial — amylin analog (pramlintide/Symlin)</i>	START: 60 mcg/meal MAINTENANCE: 120 mcg/meal	Form: Prefilled pen solution (SymlinPen)	Route: SC injection · Freq.: Immediately before each major meal	Ongoing per treating protocol	Amylin analog (pramlintide); slows gastric emptying and suppresses glucagon, used adjunct to mealtime insulin (FDA-approved as Symlin for diabetes). <i>Inject SC into abdomen or thigh immediately pre-meal; never mix with insulin in same syringe.</i>
Androstenedione <i>50 mg vial — DHEA (same steroid, alt. name)</i>	STANDARD: 25-50 mg/day, oral	Form: Oral capsule — no injection/reconstitution	Route: Oral · Freq.: Once daily	Ongoing per treating protocol	"Androstenedione" is the older chemical name for DHEA (dehydroepiandrosterone) — same steroid, not a distinct compound. Adrenal precursor to testosterone/estrogen. <i>Oral capsule with food; not an injectable — no vial or BAC water applies.</i>
Anserine <i>500 mg vial — methylated carnosine analog</i>	STANDARD: ~500 mg/day, oral	Form: Oral capsule — no injection/reconstitution	Route: Oral · Freq.: Once daily, often paired with carnosine	Ongoing per treating protocol	Methylated analog of carnosine (beta-alanyl-1-methylhistidine); found alongside carnosine in poultry/fish extract, studied in combination with carnosine for cognitive and antioxidant support. <i>Oral capsule with food; not an injectable — no vial or BAC water applies.</i>
Anti-Aging Blend <i>10mg — generic/non-standard blend name</i>	N/A: Composition not standardized	Status: Varies by supplier	Note: See individual peptides (BPC-157, GHK-Cu, Epitalon, etc.)	N/A	"Anti-Aging Blend" is a marketing name, not a defined peptide combination — composition and ratios vary by supplier, so no single verified dosing protocol exists. <i>Confirm exact peptide combination/ratio intended before publishing a specific protocol.</i>
AOD-9604 <i>5mg vial — HGH fragment 176-191</i>	WK 1-4: 300 mcg/day WK 5-12: 500 mcg/day	BAC Water: 3.0 mL · Conc.: 1.67 mg/mL	Draw: 18-30 units · Freq.: Daily, SC	8-12 wks	Fragment of human growth hormone (AA 176-191); studied for lipolytic activity without glucose/growth effects (preclinical). <i>Inject SC once daily, fasted, rotating sites (abdomen, thigh, upper arm).</i>
Ara-290 <i>10mg vial — erythropoietin-derived peptide</i>	STANDARD: 1-2 mg/day	BAC Water: 2.0 mL · Conc.: 5.0 mg/mL	Draw: 2 mg=40u · Freq.: Daily, SC	4-8 wks	Non-hematopoietic EPO derivative; engages the innate repair receptor to reduce neuro-inflammation and support tissue repair (preclinical). <i>Inject SC, rotating sites.</i>
Ara 290,00 <i>4mg vial — erythropoietin-derived peptide (alt. listing)</i>	STANDARD: 1-2 mg/day	BAC Water: 2.0 mL · Conc.: 2.0 mg/mL (for 4 mg vial)	Draw: 2 mg=100u · Freq.: Daily, SC	4-8 wks	Same compound as the Ara-290 entry elsewhere in this guide (ARA-290); vial size recalculated here for the 4 mg size on this listing's exact name/spelling. <i>Inject SC, rotating sites.</i>
Argireline <i>10 mg — acetyl hexapeptide-8 (topical)</i>	TOPICAL: ~10% concentration	Form: Topical serum/cream — not injectable	Route: Topical application · Freq.: 1- 2x/day	Ongoing, cosmetic use	Acetylated hexapeptide that mimics SNARE-complex fragments, reducing acetylcholine-triggered muscle micro-contractions ("topical Botox-like" effect on expression lines). <i>Apply topically to clean skin, target area (e.g. crow's feet, forehead); not for injection or SC use.</i>
BDNF Peptide <i>5mg — brain-derived neurotrophic factor (mimetics)</i>	N/A: No human dosing established	Status: Preclinical cell/animal data only	Source: Laboratory research use only	Not established	BDNF-pathway peptide mimetics (e.g. LM22A-4, GSB-106) have only in-vitro/animal dosing data; no human injection protocol exists in any source checked. <i>Not established for human use — flag for customer research before listing.</i>

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BPC-157 <i>5 mg vial — gastric pentadecapeptide</i>	PHASE 1 · WK 1–2: 200 mcg/day PHASE 2 · WK 3–4: 400 mcg/day PHASE 3 · WK 5–8+: 600 mcg/day	BAC Water: 2.0 mL · Conc.: 2.5 mg/mL	Draw: 8→24 units · Freq.: Daily, SC	8–12 wks	Modulates nitric oxide pathways and growth-factor expression to promote angiogenesis and collagen deposition (preclinical). <i>Inject SC at 45–90°, rotating sites.</i>
BPC-157 + GHK-Cu <i>5mgblend —healing+copper-tripeptide stack</i>	BLEND: 200–600mcg + 1mg	BAC Water: 2.0 mL · Conc.: 2.5 mg/mL (BPC-157 side)	Draw: 8-24u BPC + 4u GHK · Freq.: BPC daily / GHK-Cu QOD	8-14 wks	Combines BPC-157's angiogenic/anti-inflammatory tissue-repair action with GHK-Cu's collagen/elastin-stimulating, antioxidant dermal-remodeling effects (preclinical, each verified individually elsewhere in this guide). <i>Inject SC, rotating sites; BPC-157 daily, GHK-Cu every other day.</i>
BPC-157 + TB-500 <i>10 mg blend — combined healing stack</i>	BLEND: 600–800 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 600mcg=18u · Freq.: Daily, SC	4–8 wks	Combines BPC-157's angiogenic/anti-inflammatory action with TB-500's cell-migration effects for compounded soft-tissue repair support (preclinical). <i>Inject SC, rotating sites.</i>
Bremelanotide <i>10mgvial—melanocortin agonist (PT-141)</i>	WK 1-8: 500 mcg/day WK 9-12: 1000 mcg/day WK 13-16: 1500 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 15-45 units · Freq.: Daily, SC	16 wks	Melanocortin 3/4-receptor agonist; INN/generic name for PT-141 (same active compound). Studied for effects on sexual arousal pathways (clinical use). <i>Inject SC once daily, rotating sites (abdomen, thigh).</i>
Buserelin <i>GnRHagonist —SC 1 mg/mL or 400 mcg/spray nasal</i>	STANDARD SC: 200 mcg/day STANDARD NASAL: 400 mcg, 3x/day	SC form: Prefilled 1 mg/mL solution	Route: SC injection OR nasal spray · Freq.: Daily (SC) / 3x daily (nasal)	Per treating protocol (endometriosis: up to 6 mo)	GnRH agonist; downregulates pituitary GnRH receptors to suppress LH/FSH and sex-steroid production (approved outside U.S. as Suprefact). <i>SC: 200 mcg once daily. Nasal: 400 mcg (1 spray/nostril) 3x/day.</i>
Cagrilintide <i>5mgvial—long-acting amylin analog</i>	WK 1-4: 0.25 mg/wk WK 5-8: 0.5 mg/wk WK 9-12: 1.0 mg/wk WK 13-16: 1.7 mg/wk WK 17+: 2.4 mg/wk	BAC Water: 2.0 mL · Conc.: 2.5 mg/mL	Draw: 10-96 units · Freq.: Weekly, SC	16-32 wks	Long-acting amylin-receptor agonist; investigational for appetite/weight management, often paired with GLP-1 agonists (Phase 3 trials). <i>Inject SC once weekly, rotating sites (abdomen, thigh, upper arm).</i>
Carnosine <i>500mg vial—beta-alanyl-L-histidine dipeptide</i>	START: 500 mg, 1x/day STANDARD: 500 mg, 2x/day	Form: Oral capsule — no injection/reconstitution	Route: Oral · Freq.: 1-2x/day	Ongoing per treating protocol	Endogenous dipeptide antioxidant/pH-buffer; studied for muscle-buffering capacity and antioxidant/anti-glycation support (over-the-counter supplement). <i>Oral capsule, split AM/PM; not an injectable — no vial or BAC water applies.</i>
Cerebrolysin <i>60 mg vial — neuropeptide/amino-acid complex</i>	WK 1: 20 mg/day WK 2-4: 28-32 mg/day	BAC Water: 3.0 mL · Conc.: 20 mg/mL	Draw: 100u; split >20mg · Freq.: Daily-BID, SC	8-12 wks	Porcine-derived neuropeptide/amino-acid complex; studied for neurotrophic and neuroprotective support (clinical use outside U.S.). <i>Inject SC once or twice daily, rotating sites (abdomen, thigh, upper arm).</i>
Cetrorelix <i>3mgvial—GnRH antagonist (Cetrotide)</i>	STANDARD: 0.25 mg/day	Form: Lyophilized + prefilled solvent syringe	Draw: Full vial contents · Freq.: Daily, SC, stim day 5-6 onward	Until hCG trigger (IVF cycle)	GnRH antagonist; immediately suppresses LH surge without initial flare (FDA-approved as Cetrotide for IVF ovarian stimulation). <i>Inject SC in lower abdomen, rotating sites daily.</i>
CJC-1295 <i>2mgvial—GHRH analog with DAC</i>	STANDARD: 2 mg/wk	BAC Water: 1.0 mL · Conc.: 2.0 mg/mL	Draw: 100 units · Freq.: Weekly, SC	8-12 wks	GHRH analog with Drug Affinity Complex (DAC) for extended half-life; sustains elevated GH/IGF-1 levels (preclinical). <i>Inject SC once weekly, evening preferred, rotating sites (abdomen, thigh, upper arm).</i>
Clomiphene <i>50 mg vial — SERM (Clomid)</i>	STANDARD: 25-50 mg, oral	Form: Oral tablet — no injection/reconstitution	Route: Oral · Freq.: Daily or every-other-day	Per lab-monitored protocol	Selective estrogen-receptor modulator (SERM); blocks hypothalamic estrogen feedback to raise LH/FSH and endogenous testosterone (FDA-approved for female infertility; used off-label in men). <i>Oral tablet; monitor testosterone/estradiol labs to guide dose.</i>
Copper Peptide <i>5 mg — GHK-Cu (topical/cosmetic use)</i>	TOPICAL: 1-3% concentration	Form: Topical serum/cream — not injectable	Route: Topical application · Freq.: 1-2x/day	Ongoing, cosmetic use	Copper-binding tripeptide (same active as GHK-Cu); in topical form studied for collagen/elastin stimulation and skin-repair signaling. <i>Apply topically to clean skin; see GHK-Cu entry for the injectable SC research-vial protocol.</i>
Cortagen <i>20 mg vial — cortex-derived bioregulator</i>	WK 1-2: 1000 mcg/day WK 3-4: 2000 mcg/day	BAC Water: 3.0 mL · Conc.: 6.67 mg/mL	Draw: 15-30 units · Freq.: Daily, SC	4 wks (ext. 8)	Peptide bioregulator studied for cortical/neuroprotective support (preclinical, Khavinson-class peptide). <i>Inject SC once daily AM, rotating sites (abdomen, thigh, upper arm).</i>
Cotadutide <i>2mgvial—GLP-1/glucagon dual agonist (investigational)</i>	WK 1: 100 mcg/day WK 2: 200 mcg/day WK 3+: 300 mcg/day	BAC Water: 2.0 mL · Conc.: 1.0 mg/mL	Draw: 10-30 units · Freq.: Daily, SC	Up to 54 wks (trial length)	Dual GLP-1/glucagon receptor agonist; AstraZeneca investigational compound for T2D/obesity/kidney disease, not yet FDA-approved (Phase 2b trial dosing shown). <i>Inject SC once daily, independent of meals, rotating sites.</i>
Dermorphin <i>1mg—frog-derivedopioid peptide (not for human use)</i>	N/A: No safe human dose exists	Status: Illicit doping agent — no human protocol	Safety flag: Extremely potent mu-opioid agonist	Not applicable	Amphibian-skin-derived mu-opioid receptor agonist, hundreds of times more potent than morphine; has no legitimate human dosing protocol and is banned as a doping agent in horse racing due to severe overdose/respiratory-depression risk. <i>No safe self-administration protocol exists — strongly flag for legal/safety review before listing this item at all.</i>
Deslorelin <i>veterinarycompound — no human dosing established</i>	N/A: No human protocol found	Status: Veterinary use only (Ovuplant, equine)	Source: FDA animal-drug approval only	Not established	GnRH agonist approved by FDA only as a veterinary implant (Ovuplant, for mares); no verified human dosing protocol was found in the sources checked. <i>Not established for human use — flag for customer research before listing.</i>

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Desmopressin <i>1 mg vial – synthetic vasopressin analog (DDAVP)</i>	SC/IV: 1-2 mcg, 2x/day NASAL: 5-40 mcg, 2x/day	Form: Prefilled injectable solution	Route: SC, IV, or intranasal · Freq.: 2x/day (AM & PM)	Ongoing per treating protocol	Synthetic ADH (vasopressin) analog; FDA-approved for central diabetes insipidus, increasing renal water reabsorption (V2-receptor agonist). <i>Individualize AM/PM doses to patient response; monitor sodium/fluid balance.</i>
DHEA <i>50 mg vial – dehydroepiandrosterone</i>	STANDARD: 25-50 mg/day, oral	Form: Oral capsule – no injection/reconstitution	Route: Oral · Freq.: Once daily	Ongoing per treating protocol	Adrenal steroid precursor to testosterone/estrogen; studied for age-related hormone decline (over-the-counter supplement in the U.S., prescription in some countries). <i>Oral capsule with food; not an injectable – no vial or BAC water applies.</i>
Dihexa <i>10 mg – N-hexanoic-Tyr-Ile-(6)amino hexanoic amide</i>	COMMUNITY-REPORTED: 5-20 mg/day, oral	Form: Oral (or topical in DMSO) – no injection/reconstitution	Route: Oral · Freq.: Once daily, cycled a few weeks	A few weeks, then break (anecdotal)	Angiotensin IV-derived compound studied preclinically for HGF/c-Met-mediated synaptogenesis; has never completed a human clinical trial – the dose above is an unverified community range, not a validated protocol. <i>Oral or topical in DMSO per anecdotal reports; no clinical safety data exists for any dose or duration.</i>
DSIP <i>5mg/vial– delta sleep-inducing nonapeptide</i>	STANDARD: 100–300 mcg/day	BAC Water: 3.0 mL · Conc.: 1.67 mg/mL	Draw: 6–18u · Freq.: Nightly, SC	4–8 wks	Nonapeptide originally studied for sleep-inducing properties; researched for effects on stress modulation and sleep architecture (preclinical). <i>Inject SC in the evening before bedtime.</i>
Dulaglutide <i>4.5mg–GLP-1receptor agonist (Trulicity)</i>	WK 1-4: 0.75 mg/wk WK 5-8: 1.5 mg/wk WK 9-12: 3.0 mg/wk WK 13+: 4.5 mg/wk	Form: Prefilled pen/syringe, no reconstitution	Route: SC injection · Freq.: Weekly, any day, consistent day	Ongoing per treating protocol	GLP-1 receptor agonist; slows gastric emptying, increases satiety and glucose-dependent insulin secretion (FDA-approved as Trulicity for T2D). <i>Inject SC in abdomen, thigh, or upper arm; rotate sites weekly.</i>
Enclomiphene <i>25mg/vial– SERM (enclomiphene citrate)</i>	START: 12.5 mg/day, oral TITRATED: 25 mg/day, oral	Form: Oral capsule – no injection/reconstitution	Route: Oral · Freq.: Once daily	Reassess labs every 4-6 wks	Trans-isomer of clomiphene; selective estrogen-receptor modulator that raises LH/FSH and endogenous testosterone without clomiphene's estrogenic zuclophene metabolite (investigational/compounded use). <i>Oral capsule; check fasting AM testosterone at 4-6 wk intervals to guide titration.</i>
Epitalon <i>10mg/vial–synthetic tetrapeptide</i>	STANDARD: 5 mg/day, 20-day course	BAC Water: 2.0 mL · Conc.: 5.0 mg/mL	Draw: 100u · Freq.: Daily, SC	20 days	Synthetic tetrapeptide (Ala-Glu-Asp-Gly); studied for telomerase-activating and pineal-regulatory effects on aging biomarkers (preclinical). <i>Inject SC daily; repeat course ~2x/yr.</i>
Epithalon <i>10mg/vial–alt.spelling of Epitalon</i>	DAY 1-10: 5-10 mg/day	BAC Water: 2.0 mL · Conc.: 5.0 mg/mL	Draw: 20-40 units · Freq.: Daily, SC	10-20 day course, 1-2x/yr	Identical compound to the "Epitalon" entry elsewhere in this guide (Khavinson-class tetrapeptide, pineal bioregulator); listed here under the customer's alternate spelling. <i>Inject SC once daily, ideally evening, rotating sites.</i>
Exenatide <i>2mg/vial–GLP-1 receptor agonist (Byetta)</i>	START: 5 mcg, 2x/day MAINTENANCE: 10 mcg, 2x/day	BAC Water: 8.0 mL · Conc.: 250 mcg/mL (matches Byetta pen)	Draw: 2 units = 5mcg · Freq.: 2x/day, within 60 min pre-meal	Ongoing per treating protocol	GLP-1 receptor agonist derived from exendin-4; enhances glucose-dependent insulin secretion (FDA-approved as Byetta for T2D). <i>Inject SC within 60 min before the two main meals of the day, 26h apart.</i>
FGL Peptide <i>5mg/vial– NCAM-derived neurotrophic peptide</i>	N/A: No standardized human protocol	BAC Water: reconstitution described, dose not standardized	Source: Academic animal studies (Copenhagen group, others)	Not established	NCAM-mimetic peptide studied in animal models for synaptic plasticity/neuroprotection; sources explicitly state "no standardised human protocol exists" and dosing conventions vary between research groups. <i>Not established for human use – flag for customer research before listing.</i>
Follistatin <i>1mg/vial –myostatin/activin inhibitor (isoform unspecified)</i>	STANDARD: 100 mcg, 4x/wk	BAC Water: 1.0 mL · Conc.: 1.0 mg/mL	Draw: 10 units · Freq.: Mon/Wed/Fri/Sun, SC	~18 days per vial (10 doses)	Myostatin/activin-binding protein; "Follistatin" alone doesn't specify FS-315 (circulating, longer half-life) vs. FS-344 (tissue-bound) isoform – dose shown follows the commonly documented FS-344 research convention. No validated human dose exists for any isoform. <i>Confirm which isoform (FS-315 vs FS-344) is intended; inject SC, rotating sites.</i>
Follistatin 315 <i>1mg/vial –circulating/isoform, myostatin inhibitor</i>	STANDARD: 100 mcg, 4x/wk	BAC Water: 1.0 mL · Conc.: 1.0 mg/mL	Draw: 10 units · Freq.: Mon/Wed/Fri/Sun, SC	~18 days per vial (10 doses)	Circulating (FS-315) isoform of follistatin; longer systemic half-life than tissue-bound FS-344. Dose shown mirrors the FS-344 community research convention (the closest documented protocol) – no isoform-specific human trial dose was found. <i>Inject SC, rotating sites; treat dose as an extrapolation from FS-344 data, not an independently verified figure.</i>
Follistatin 344 <i>1mg/vial –tissue-bound isoform, myostatin inhibitor</i>	STANDARD: 100 mcg, 4x/wk	BAC Water: 1.0 mL · Conc.: 1.0 mg/mL	Draw: 10 units · Freq.: Mon/Wed/Fri/Sun, SC	~18 days per vial (10 doses)	Tissue-bound (FS-344) isoform; binds myostatin/activin to block signaling, studied for local muscle-growth effects (preclinical – explicitly "no validated human dose" per sources checked). <i>Inject SC, rotating sites (abdomen, thigh, upper arm).</i>
FOXO4-DRI <i>10 mg vial – senolytic peptide</i>	WK 1-4: 250 mcg/day WK 5-8: 375 mcg/day WK 9-16: 500 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 7.5-15 units · Freq.: Daily, SC	8-16 wks	Disrupts the FOXO4-p53 interaction; studied for senescent-cell clearance (preclinical). <i>Inject SC once daily, rotating sites (abdomen, thigh, upper arm).</i>

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GDF-11 <i>1mg – growth differentiation factor 11 (no human data)</i>	N/A: No human dosing established	Status: Mouse/preclinical research only	Source: Controversial aging-research mouse studies	Not established	TGF-beta superfamily growth factor; studied almost exclusively in mouse aging/cardiac-hypertrophy models with contested/conflicting results – no human clinical trial or dosing protocol exists. <i>Not established for human use – flag for customer research before listing.</i>
GHK-Cu <i>50mg/vial – copper tripeptide</i>	STANDARD: 1 mg every other day	BAC Water: 2.0 mL · Conc.: 25 mg/mL	Draw: 1 mg=4u · Freq.: QOD, SC	~14 wks	Copper-binding tripeptide; supports collagen/elastin synthesis, antioxidant activity, and dermal remodeling (preclinical). <i>Inject SC, rotating sites.</i>
GHK-Cu Hair <i>5mg – copper peptide (topical/scalp use)</i>	TOPICAL: 0.5-2% concentration	Form: Topical serum/scalp solution – not injectable	Route: Topical scalp application · Freq.: 1x/day	Ongoing, cosmetic use	Same GHK-Cu copper-binding tripeptide formulated for scalp use; studied for follicle-stimulating and anti-inflammatory effects on hair growth. <i>Apply topically to scalp; see GHK-Cu entry for the injectable SC research-vial protocol.</i>
Ghrelin <i>1mg/vial – growth hormone-releasing peptide (native)</i>	N/A: No standardized SC vial protocol	Status: Academic bolus research only	Source: University trials, not commercial vials	Not established	Native GH-releasing/appetite peptide studied via IV or SC bolus in academic human trials; no standardized compounded-vial dosing protocol exists in the sources checked. <i>Not established as a standard SC research-vial product – flag for customer research before listing.</i>
GHRP-2 <i>5 mg vial – GH secretagogue</i>	WK 1-2: 100 mcg/day WK 3-4: 150 mcg/day WK 5-16: 200 mcg/day	BAC Water: 3.0 mL · Conc.: 1.67 mg/mL	Draw: 6-12 units Freq.: Daily, SC	8-16 wks	Ghrelin-receptor agonist (GHRP); stimulates pulsatile GH release (preclinical/clinical). <i>Inject SC once daily, evening, rotating sites (abdomen, thigh, upper arm).</i>
GHRP-6 <i>5 mg vial – GH secretagogue</i>	WK 1-2: 300 mcg/day (3x100) WK 3-4: 600 mcg/day (3x200) WK 5-12: 900 mcg/day (3x300)	BAC Water: 3.0 mL · Conc.: 1.67 mg/mL	Draw: 6-18 units Freq.: 3x/day, SC	8-12 wks	Ghrelin-receptor agonist (GHRP); stimulates pulsatile GH release, also studied for appetite stimulation (preclinical). <i>Inject SC 3x/day, fasted, ≥4h apart, rotating sites (abdomen, thigh, upper arm).</i>
GIP <i>5mg/vial – glucose-dependent insulinotropic polypeptide</i>	N/A: No standardized SC vial protocol	Status: Academic infusion research only	Source: Short-term IV/SC study infusions	Not established	Native incretin hormone studied mainly via short IV/SC infusions in academic metabolic research (also the GIP-receptor component of tirzepatide); no standardized self-administered vial protocol exists in the sources checked. <i>Not established as a standard SC research-vial product – flag for customer research before listing.</i>
GLP-1 <i>5mg vial – generic class name, not a specific compound</i>	N/A: Compound not specified	Status: Needs clarification	Note: See N/A Semaglutide/Tirzepatide/Liraglutide entries		"GLP-1" is a hormone class, not one specific drug; dosing differs completely by exact compound (semaglutide, liraglutide, exenatide, dulaglutide, tirzepatide, etc., each listed separately in this guide). <i>Confirm which specific GLP-1 agonist this listing refers to before publishing.</i>
GLP-2 <i>5mg/vial – GLP-2 analog (teduglutide/Gattex)</i>	STANDARD: 0.05 mg/kg/day	Sterile Water: 0.5 mL · Conc.: 10 mg/mL	Draw: Per body-weight calc · Freq.: Daily, SC	Ongoing per treating protocol	GLP-2 analog (teduglutide); promotes intestinal mucosal growth and reduces need for parenteral nutrition (FDA-approved as Gattex for short bowel syndrome). <i>Use within 3h of reconstitution; inject SC in abdomen (rotate quadrants) or thigh.</i>
Glucagon <i>1mg/vial – pancreatic alpha-cell hormone</i>	EMERGENCY: 1 mg, SC/IM/IV	Diluent: 1.0 mL (supplied) Conc.: 1.0 mg/mL	Draw: Full 1 mL · Freq.: Repeat once after 15 min if needed	Single-use emergency dose	Raises blood glucose via hepatic glycogenolysis; FDA-approved emergency treatment for severe hypoglycemia. <i>Inject SC, IM, or IV (medical supervision for IV); use immediately after reconstitution, discard unused portion.</i>
Gonadorelin <i>2 mg vial – synthetic GnRH decapeptide</i>	STANDARD: 100–150 mcg, non-consecutive days	BAC Water: 2.0 mL · Conc.: 1.0 mg/mL	Draw: 10–15u Freq.: 2–3x/wk, SC	4–8 wks	Synthetic GnRH analog; stimulates pituitary LH/FSH release to support endogenous testicular/ovarian function (clinical use in fertility/TRT adjunct). <i>Inject SC; limit to ≤14 consecutive days.</i>
HCG <i>5,000 IU/vial – human chorionic gonadotropin</i>	STANDARD: 500 IU/dose, 3x/wk	BAC Water: 2.0 mL · Conc.: 2,500 IU/mL	Draw: 20 units = 500 IU · Freq.: Mon/Wed/Fri, SC	8-12 wks	Human chorionic gonadotropin; LH-mimetic, studied for endogenous testicular/ovarian stimulation (clinical use). <i>Inject SC, rotating sites (abdomen, outer thigh, upper arm).</i>
Hexarelin <i>5 mg vial – GH secretagogue (GHRP)</i>	LOW: 50 mcg/dose STANDARD: 100 mcg/dose UPPER: 150 mcg/dose	BAC Water: 2.0 mL · Conc.: 2.5 mg/mL	Draw: 2-6 units · Freq.: 1-3x/day, SC	Short courses (rapid desensitization)	Potent ghrelin-receptor agonist (GHRP); strong GH pulse but rapid receptor desensitization limits use to short courses vs. GHRP-2/6 (preclinical). <i>Inject SC, rotating sites; avoid open-ended daily use due to tachyphylaxis.</i>
HMG <i>75 IU/vial – human menopausal gonadotropin</i>	STANDARD: 75-150 IU/dose	BAC Water: 1.0 mL · Conc.: 75 IU/mL	Draw: 1.0-2.0 mL · Freq.: Per protocol, SC/IM	Per treatment cycle	Combined FSH/LH activity; studied for ovarian/testicular stimulation (clinical fertility use). <i>Inject SC or IM as directed, rotating sites.</i>
Humanin <i>20mg vial – mitochondrial-derived peptide</i>	STANDARD: 1 mg/session	BAC Water: 2.0 mL · Conc.: 10.0 mg/mL	Draw: 10 units Freq.: 3x/wk, SC	6-8 wks	Mitochondrial-derived peptide studied for cytoprotective/neuroprotective signaling (preclinical only – no published human RCT data). <i>Inject SC, rotating sites.</i>
IGF-1 DES <i>1mg/vial – des(1-3) truncated IGF-1</i>	WK 1: 20 mcg/day WK 2-3: 40 mcg/day WK 4-6: 60 mcg/day	BAC Water: 2.0 mL · Conc.: 0.5 mg/mL	Draw: 4-12 units Freq.: Training days only, SC/IM	2-4 wks (short half-life)	Truncated IGF-1 analog missing first 3 N-terminal residues, reducing binding-protein affinity for stronger local anabolic signaling; very short (~20-30 min) half-life limits systemic spillover (preclinical). <i>Inject SC or IM near worked muscle, post-workout with carbohydrate; short cycles only.</i>

PEPTIDE / VIAL	DOSING PROTOCOL	RECONSTITUTION	DRAW & FREQUENCY	CYCLE TIMELINE	CLINICAL MECHANICS & ADMINISTRATION
IGF-1 LR3 <i>1mg vial—long-R3 insulin-like growth factor</i>	WK 1-2: 20 mcg/day WK 3-4: 40 mcg/day WK 5-8: 50 mcg/day	BAC Water: 3.0 mL · Conc.: 0.333 mg/mL	Draw: 6-15 units Freq.: Daily, SC	8 wks on/4-8 off	Long-acting IGF-1 analog with reduced binding-protein affinity; studied for anabolic/tissue-growth signaling (preclinical). <i>Inject SC once daily AM or post-exercise, rotating sites (abdomen, thigh, upper arm).</i>
Immunopeptide <i>5 mg — generic/non-standard name</i>	N/A: Compound not specified	Status: Needs clarification	Note: Not a recognized single peptide name	N/A	"Immunopeptide" is a generic marketing name, not a specific recognized compound (unlike e.g. Thymogen or Thymulin) — no dosing source exists for this exact name. <i>Confirm exact compound intended before publishing a specific protocol.</i>
Ipamorelin <i>10mg vial—selective GH secretagogue</i>	PHASE 1 · WK 1-2: 100 mcg/day PHASE 2 · WK 5-8: 200 mcg/day PHASE 3 · WK 9-12: 250 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 3-8u · Freq.: Nightly, SC	8-12 wks	Selective ghrelin-receptor agonist (GHRP); stimulates pulsatile GH release without significantly affecting cortisol or prolactin (preclinical/clinical). <i>Inject SC before bed, empty stomach.</i>
Kisspeptin-10 <i>10mg vial—KISS1receptor agonist (short form)</i>	WK 1-2: 100 mcg/day WK 3-8+: 200 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 3-6 units Freq.: Daily, SC	8-12 wks	Endogenous KISS1-receptor agonist; upstream regulator of GnRH pulsatility. Short ~4-min half-life (preclinical/clinical fertility research). <i>Inject SC once daily, rotating sites (abdomen, thigh, upper arm).</i>
Kisspeptin-54 <i>10mg vial—KISS1receptor agonist (long form)</i>	WK 1-2: 100 mcg/day WK 3-8+: 200 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 3-6 units Freq.: Daily, SC	8-12 wks	Longer-acting KISS1-receptor agonist (~28-min half-life vs. ~4 min for Kisspeptin-10); studied at higher research doses (up to 9.6 nmol/kg) for sustained gonadotropin stimulation, incl. IVF-trigger research. <i>Inject SC once daily, rotating sites (abdomen, thigh, upper arm).</i>
Klotho <i>1mg vial — anti-aging/renal fragment (alt. size)</i>	STANDARD: 10 mcg, 2x/week	BAC Water: 1.0 mL · Conc.: 1.0 mg/mL	Draw: 1 unit · Freq.: 2x/wk, SC	Ongoing	Same alpha-Klotho protein fragment as the "Klotho Peptides" entry elsewhere in this guide (studied for cellular senescence and renal/tissue repair pathways, preclinical); reconstitution recalculated here for this listing's 1 mg vial size using the same 10 mcg per-dose target. <i>Inject SC, rotating sites.</i>
Klotho Peptides <i>5 mg vial — anti-aging/renal fragment</i>	STANDARD: 10 mcg, 2x/week	BAC Water: 2.0 mL · Conc.: 2.5 mg/mL	Draw: 0.4 units Freq.: 2x/wk, SC	Ongoing	Fragment of the anti-aging Klotho protein; studied for effects on cellular senescence and tissue/renal repair pathways (preclinical). <i>Inject SC, rotating sites.</i>
KPV <i>5mg vial—anti-inflammatory tripeptide</i>	STANDARD: 200 mcg/day	BAC Water: 2.0 mL · Conc.: 2.5 mg/mL	Draw: 8 units · Freq.: Daily, SC	~4 wks	C-terminal alpha-MSH tripeptide fragment; modulates NF-κB signaling for anti-inflammatory effects (preclinical). <i>Inject SC, rotating sites.</i>
Lactoferrin <i>100 mg vial — iron-binding glycoprotein</i>	STANDARD: 100-200 mg/day, oral	Form: Oral capsule — no injection/reconstitution	Route: Oral · Freq.: Once daily	Ongoing per treating protocol	Iron-binding glycoprotein from milk/colostrum; studied for immune modulation, antimicrobial and iron-status support (over-the-counter supplement). <i>Oral capsule with or without food; not an injectable — no vial or BAC water applies.</i>
Leptin <i>5mg vial—leptin analog (metreleptin/Myalept)</i>	STANDARD: 0.06-0.13 mg/kg/day	Form: Weight-based, physician-directed reconstitution	Draw: Per body-weight calc · Freq.: Daily, SC	Ongoing per treating protocol	Recombinant leptin analog (metreleptin); replaces deficient leptin signaling to reduce appetite/hyperglycemia (FDA-approved as Myalept for generalized lipodystrophy). <i>Inject SC once daily; dose individualized to body weight and clinical response.</i>
Leuphasyl <i>5mg—hexapeptide (topical)</i>	TOPICAL: Concentration varies by supplier	Form: Topical serum/cream — not injectable	Route: Topical application · Freq.: 1-2x/day	Ongoing, cosmetic use	Hexapeptide marketed as a longer-acting successor to Argireline for reducing expression-line muscle micro-contraction; no single industry-standard % concentration was found in sources checked. <i>Apply topically to clean skin; not for injection or SC use.</i>
Leuprolide <i>7.5mg depot—GnRH agonist (Lupron)</i>	MONTHLY DEPOT: 7.5 mg IM QUARTERLY: 22.5 mg IM	Form: Prefilled depot suspension	Route: IM injection · Freq.: Every 4 wks (7.5mg) or 12 wks (22.5mg)	6-12 months per protocol	GnRH agonist; chronic use downregulates pituitary GnRH receptors, suppressing LH/FSH and sex-steroid production (FDA-approved for prostate cancer, endometriosis). <i>IM injection into buttock by trained provider; do not self-administer depot suspension.</i>
Liraglutide <i>18mg vial—GLP-1 receptor agonist (Saxenda/Victoza)</i>	WK 1: 0.6 mg/day WK 2: 1.2 mg/day WK 3: 1.8 mg/day WK 4: 2.4 mg/day WK 5+: 3.0 mg/day	BAC Water: 3.0 mL · Conc.: 6.0 mg/mL (matches Saxenda pen)	Draw: 10-50 units Freq.: Daily, SC	Ongoing per treating protocol	GLP-1 receptor agonist; slows gastric emptying and increases satiety (FDA-approved as Saxenda for weight management, Victoza for T2D). <i>Inject SC once daily, any time, rotating sites (abdomen, thigh, upper arm).</i>
Lixisenatide <i>0.1mg vial—GLP-1receptor agonist (Adlyxin)</i>	DAY 1-14: 10 mcg/day DAY 15+: 20 mcg/day	Form: Prefilled pen, no reconstitution	Route: SC injection · Freq.: Daily, within 1h pre-meal	Ongoing per treating protocol	GLP-1 receptor agonist; enhances glucose-dependent insulin secretion (FDA-approved as Adlyxin for T2D). <i>Inject SC within 1h before the first meal of the day, same meal each day.</i>
LL-37 <i>2mg vial—antimicrobial peptide</i>	TITRATION · WK 1-4: Start 50 mcg, +50 mcg/wk TARGET · WK 4-8: 200–400 mcg/day	BAC Water: 1.0 mL · Conc.: 1.0 mg/mL	Draw: 100mcg=10u Freq.: Twice daily, SC	8-16 wks	Human cathelicidin peptide; broad antimicrobial activity and modulation of innate immune and wound-healing pathways (preclinical). <i>Inject SC, rotating sites.</i>

PEPTIDE / VIAL	DOSING PROTOCOL	RECONSTITUTION	DRAW & FREQUENCY	CYCLE TIMELINE	CLINICAL MECHANICS & ADMINISTRATION
Matrixyl <i>10mg—palmitoyl pentapeptide-4 (topical)</i>	TOPICAL: 4-5% concentration	Form: Topical serum/cream — not injectable	Route: Topical application · Freq.: 1-2x/day	Ongoing, cosmetic use	Palmitoyl pentapeptide-4 (Matrixyl); signals collagen/elastin/glycosaminoglycan production, studied for wrinkle-depth reduction (~45% at 4-5% concentration over 2 months in cited data). <i>Apply topically to clean skin; not for injection or SC use.</i>
Mazdutide <i>3-5 mgvial—GLP-1/glucagon dual agonist</i>	WK 1-4: 2.5 mg/wk WK 5-8: 5 mg/wk	BAC Water: 3.0 mL · Conc.: 1.67 mg/mL	Draw: 150-300 units Freq.: Weekly, SC	8-48 wks	Dual GLP-1/glucagon receptor agonist; investigational for weight/metabolic management (clinical trials outside U.S.). <i>Inject SC once weekly, rotating sites (abdomen, thigh, upper arm).</i>
Melanotan II <i>10 mg vial—cyclic melanocortin heptapeptide</i>	LOADING · WK 1-8: 250→1000 mcg/day MAINTENANCE: 500→1000 mcg, 1~2x/wk	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 7.5→30u · Freq.: Daily→wkly, SC	6-8 wks	Non-selective melanocortin receptor agonist (MC1R/MC4R); stimulates melanogenesis and studied for appetite/libido effects (preclinical). <i>Inject SC, rotating sites.</i>
MGF <i>5mgvial— mechano growth factor</i>	WK 1: 100 mcg/day WK 2-4: 150-250 mcg/day WK 5-8: 300 mcg/day	BAC Water: 3.0 mL · Conc.: 1.67 mg/mL	Draw: 6-18 units Freq.: Daily, SC	8-12 wks	Splice variant of IGF-1; studied for satellite-cell activation and localized muscle repair (preclinical). <i>Inject SC once daily, rotating sites (abdomen, thigh, upper arm).</i>
MK-677 <i>25mgvial— oral GH secretagogue (Ibutamoren)</i>	STANDARD: 25 mg/day, oral	Form: Oral capsule — no injection/reconstitution	Route: Oral · Freq.: Once daily, before bed	8-16 wks	Non-peptide oral ghrelin-receptor agonist; increases GH/IGF-1 pulsatility without injection (preclinical/off-label use; not FDA-approved). <i>Oral capsule, once nightly; not an injectable — no vial or BAC water applies.</i>
MOD GRF 1-29 <i>10mg vial—CJC-1295without DAC (Mod GRF)</i>	WK 1-2: 100 mcg/day WK 3-4: 150 mcg/day WK 5-8: 200 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 3-6 units Freq.: Daily, SC, fasted	8-12 wks on/4-6 off	GHRH(1-29) analog without Drug Affinity Complex (no DAC); short half-life mimics natural pulsatile GH release (preclinical). <i>Inject SC ≥2h after eating, ideally pre-bedtime or pre-workout, rotating sites.</i>
MOD-GRF (1-29) <i>2mg vial—alt.spellingofMOD GRF 1-29</i>	WK 1-2: 100 mcg/day WK 3-4: 150 mcg/day WK 5-8: 200 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 3-6 units Freq.: Daily, SC, fasted	8-12 wks on/4-6 off	Identical compound to the "MOD GRF 1-29" entry elsewhere in this guide — CJC-1295 without DAC (GHRH 1-29 analog), listed here under the customer's alternate spelling/formatting. <i>Inject SC ≥2h after eating, ideally pre-bedtime or pre-workout, rotating sites.</i>
MOTS-C <i>10mg vial—mitochondrial-derived peptide</i>	WK 1-2: 200 mcg/day WK 3-4: 400 mcg/day WK 5-6: 600 mcg/day WK 7-8: 800 mcg/day WK 9-10: 1000 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 6-30 units Freq.: Daily, SC	8-16 wks	Mitochondrial-derived peptide; studied for metabolic regulation and exercise-capacity support (preclinical). <i>Inject SC once daily, rotating sites (abdomen, thigh, upper arm).</i>
MOTS-C + SS-31 <i>5 mg vial— mitochondrial-support stack</i>	BLEND: 200-1000mcg + 5-10mg	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL (MOTS-C side)	Draw: Per component calc · Freq.: Daily, SC	8-12 wks	Combines MOTS-C's metabolic/exercise-capacity signaling with SS-31 (elamipretide)'s mitochondria-targeted cardiolipin-stabilizing action, both mitochondrial-support peptides (preclinical, each verified individually elsewhere in this guide). <i>Inject SC, rotating sites, both components daily.</i>
N-Acetyl Selank <i>5 mg vial— acetylated Selank analog</i>	STANDARD: 250-500 mcg/day	BAC Water: 3.0 mL · Conc.: 1.67 mg/mL	Draw: 1.5-3 units · Freq.: Daily, SC or intranasal	4 wks on/4 off	Acetylated analog of Selank, marketed with claimed longer half-life/oral-nasal stability; no dedicated human dosing trial distinct from parent Selank was found, so the dose shown mirrors the verified Selank protocol as the closest documented reference. <i>Inject SC or use intranasally, rotating sites; treat dose as an extrapolation from Selank, not an independently verified figure.</i>
N-Acetyl Semax <i>5 mg vial— acetylated Semax analog</i>	STANDARD: 300-600 mcg/day	BAC Water: 3.0 mL · Conc.: 1.67 mg/mL	Draw: 2-4 units · Freq.: Daily, SC or intranasal	2-3 wks on/1-2 off	Acetylated analog of Semax, marketed with claimed longer half-life/oral-nasal stability; no dedicated human dosing trial distinct from parent Semax was found, so the dose shown mirrors the verified Semax protocol as the closest documented reference. <i>Inject SC or use intranasally, rotating sites; treat dose as an extrapolation from Semax, not an independently verified figure.</i>
NAD+ <i>500mg vial— nicotinamide adenine dinucleotide</i>	WK 1: 50 mg/day WK 2: 75 mg/day WK 3+: 100 mg/day	BAC Water: 3.0 mL · Conc.: 166.7 mg/mL	Draw: 30-60 units Freq.: Daily, SC	8-16 wks	Essential coenzyme in cellular energy metabolism and sirtuin activation; studied for cellular-energy and aging-biomarker support (preclinical). <i>Inject SC once daily, rotating sites (abdomen, outer thigh, upper arm).</i>
NAD+ + BPC-157 <i>500mg blend—cellular-energy + healing stack</i>	BLEND: 50-100mg + 200-600mcg	BAC Water: 3.0 mL · Conc.: 166.7 mg/mL (NAD+ side)	Draw: Per component calc · Freq.: Daily, SC	8-16 wks	Combines NAD+'s cellular-energy/sirtuin-activation support with BPC-157's angiogenic/anti-inflammatory tissue-repair action (preclinical, each verified individually elsewhere in this guide). <i>Inject SC, rotating sites, both components daily.</i>
Nafarelin <i>2mg/mL nasal spray— GnRH agonist (Synarel)</i>	ENDOMETRIOSIS: 400 mcg/day CPP: 1600 mcg/day	Form: 2 mg/mL nasal spray solution	Route: Intranasal Freq.: 2x/day, alternating nostrils	6 months (endometriosis)	GnRH agonist; suppresses ovarian estrogen production via pituitary downregulation (FDA-approved as Synarel for endometriosis and central precocious puberty). <i>One spray per nostril AM/PM (endometriosis); avoid nasal decongestants within 2h of dosing.</i>

PEPTIDE / VIAL	DOSING PROTOCOL	RECONSTITUTION	DRAW & FREQUENCY	CYCLE TIMELINE	CLINICAL MECHANICS & ADMINISTRATION
Noopept <i>10mg/tablet—oral nootropic (omberacetam)</i>	CLINICAL TRIAL: 10 mg, 2x/day (20 mg/day)	Form: Oral tablet — no injection/reconstitution	Route: Oral · Freq.: 2x/day	Up to 56 days (Russian trial length)	Dipeptide-derived nootropic (omberacetam); Russian clinical trials used 20 mg/day for cognitively-impaired patients; community reports use 10-30 mg/day but this is not clinically validated. <i>Oral tablet; not an injectable — no vial or BAC water applies.</i>
NSI-189 <i>40mg—oral/neurogenic compound (investigational)</i>	TRIAL DOSE: 40-80 mg/day, oral	Form: Oral capsule — no injection/reconstitution	Route: Oral · Freq.: Once daily	28 days (Ph1) to 12 wks (Ph2) trial windows	Small-molecule investigational neurogenic compound; depression trials used 40-80 mg/day but failed primary endpoints — no validated cognitive-enhancement protocol or long-term human safety data exists. <i>Oral capsule; not an injectable — no vial or BAC water applies.</i>
Octreotide <i>1mg/vial—somatostatin analog (Sandostatin)</i>	STARTING: 50 mcg, 2-3x/day TITRATED: 100-600 mcg/day	Form: Prefilled ampule/vial solution	Route: SC injection · Freq.: 2-3x/day, divided doses	Ongoing per treating protocol	Long-acting somatostatin analog; suppresses GH, glucagon, insulin and various GI hormones (FDA-approved for acromegaly, carcinoid syndrome, VIPoma). <i>Inject SC, rotating sites systematically to reduce injection-site irritation.</i>
Oxyntomodulin <i>5mg/vial—dualGLP-1/glucagon gut hormone (investigational)</i>	N/A: No standardized SC vial protocol	Status: Academic/IV-infusion research only	Source: University trials, not commercial vials	Not established	Endogenous dual GLP-1/glucagon receptor agonist studied in academic appetite-suppression trials, historically via IV infusion or multiple daily SC injections; no standardized compounded-vial protocol exists in the sources checked. <i>Not established as a standard SC research-vial product — flag for customer research before listing.</i>
Oxytocin <i>10 mg vial — neurohypophyseal nonapeptide</i>	WK 1-2: 100 mcg/day WK 3-4: 200 mcg/day WK 5-6: 300 mcg/day WK 7-8: 400 mcg/day WK 9-12: 500 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 3-15 units Freq.: Daily, SC	8-12 wks	Neurohypophyseal nonapeptide; studied for social-bonding and stress-modulation effects (clinical use for labor/lactation differs by indication). <i>Inject SC once daily, rotating sites (abdomen, outer arm, thigh, buttock).</i>
P144 <i>5mg—anti-TGF-beta1 peptide (topical, investigational)</i>	N/A: Topical, clinical-trial stage only	Form: Topical cream — not injectable	Route: Topical application · Freq.: Per trial protocol	Per clinical-trial protocol (skin fibrosis/scleroderma)	TGF-beta1-inhibiting peptide studied topically in Phase 1/2 trials for skin fibrosis and hypertrophic scarring; not commercially standardized outside trial settings. <i>Topical only in published research; no self-administered SC protocol exists — flag for customer research before listing.</i>
Pasireotide <i>0.6-0.9 mg/mL—somatostatin analog (Signifor)</i>	STANDARD: 0.6-0.9 mg, 2x/day	Form: Prefilled ampule solution	Route: SC injection · Freq.: 2x/day (BID)	Ongoing per treating protocol	Multi-receptor somatostatin analog (broader SSTR binding than octreotide); FDA-approved for Cushing's disease and acromegaly. <i>Inject SC into thigh or abdomen, rotating sites, twice daily.</i>
PE-22-28 <i>10 mg vial — spadin-derived peptide</i>	WK 1-2: 50 mcg/day WK 3-8: 100 mcg/day WK 9-16: 150-200 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 1.5-6 units Freq.: Daily, SC	8-16 wks	Spadin-derived TREK-1 channel modulator; studied for rapid antidepressant-like activity (preclinical). <i>Inject SC once daily, rotating sites (abdomen, thigh, upper arm).</i>
PEG-MGF <i>2mg/vial—pegylated mechano growth factor</i>	WK 1-2: 200 mcg/day WK 3-4: 300 mcg/day WK 5-6: 400 mcg/day WK 7-8: 500 mcg/day	BAC Water: 3.0 mL · Conc.: 0.667 mg/mL	Draw: 30-75 units Freq.: Daily, SC	8 wks (ext. 12-16)	PEGylated MGF splice variant with extended half-life; studied for sustained satellite-cell activation (preclinical). <i>Inject SC once daily, rotating sites (abdomen, thigh, upper arm).</i>
Pentadecapeptide <i>5 mg vial — gastric pentadecapeptide (BPC-157)</i>	PHASE 1 · WK 1-2: 200 mcg/day PHASE 2 · WK 3-4: 400 mcg/day PHASE 3 · WK 5-8+: 600 mcg/day	BAC Water: 2.0 mL · Conc.: 2.5 mg/mL	Draw: 8-24 units Freq.: Daily, SC	8-12 wks	Chemical/descriptive name for BPC-157 (same 15-amino-acid active compound). Modulates nitric oxide pathways and growth-factor expression to promote angiogenesis and collagen deposition (preclinical). <i>Inject SC at 45-90°, rotating sites.</i>
Pinealon <i>20 mg vial — pineal-derived bioregulator</i>	DAY 1-5: 1.0 mg/day DAY 6-14: 1.5 mg/day DAY 15-20: 2.0 mg/day	BAC Water: 3.0 mL · Conc.: 6.67 mg/mL	Draw: 15-30 units Freq.: Daily, SC	10-20 days	Tripeptide bioregulator studied for neuroprotective/cognitive support (preclinical, Khavinson-class peptide). <i>Inject SC once daily AM/early-PM, rotating sites (abdomen, thigh, upper arm).</i>
PNC-27 <i>30mg vial—p53-MDM2 binding domain peptide</i>	WK 1-2: 100 mcg/day WK 3-4: 200 mcg/day WK 5-8: 300 mcg/day WK 9-12: 400 mcg/day WK 13-16: 500 mcg/day	BAC Water: 3.0 mL · Conc.: 10.0 mg/mL	Draw: 1-5 units Freq.: Daily, SC	8-16 wks	p53-derived peptide targeting the MDM2 binding domain; studied for selective cancer-cell membrane pore formation (preclinical, no established human safety data). <i>Inject SC once daily, rotating sites (abdomen, thigh, upper arm).</i>
Pregnenolone <i>50 mg vial — steroid hormone precursor</i>	LOW: 10-20 mg/day STANDARD: 25-50 mg/day	Form: Oral capsule — no injection/reconstitution	Route: Oral · Freq.: Once daily	Ongoing per treating protocol	"Mother hormone" precursor to progesterone, DHEA, cortisol and sex steroids; studied for cognitive and hormonal-balance support (over-the-counter supplement). <i>Oral capsule with food; not an injectable — no vial or BAC water applies.</i>
PRL-8-53 <i>5mg—oral nootropic (single human trial only)</i>	OCCASIONAL USE: 5-10 mg, sublingual	Form: Oral/sublingual — no injection/reconstitution	Route: Sublingual · Freq.: 1-2x/week, not daily	Occasional use only — no chronic safety data	Only one human trial exists (single 5 mg dose); community protocols explicitly discourage daily use due to lack of chronic safety data. <i>Sublingual, taken 2-3h before cognitive demand; not an injectable — no vial or BAC water applies.</i>
PT-141 <i>10mg/vial—melanocortin agonist (bremelanotide)</i>	WK 1-8: 500 mcg/day WK 9-12: 1000 mcg/day WK 13-16: 1500 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 15-45 units Freq.: Daily, SC	16 wks	Melanocortin 3/4-receptor agonist; studied for effects on sexual arousal pathways (clinical use as bremelanotide). <i>Inject SC once daily, rotating sites (abdomen, thigh).</i>

PEPTIDE / VIAL	DOSING PROTOCOL	RECONSTITUTION	DRAW & FREQUENCY	CYCLE TIMELINE	CLINICAL MECHANICS & ADMINISTRATION
Retatrutide <i>5mg vial—GLP-1/GIP/glucagon triple agonist</i>	WK 1-4: 2 mg/wk WK 5-8: 4 mg/wk WK 9-12: 6 mg/wk WK 13+: 8 mg/wk	BAC Water: 1.0 mL · Conc.: 5.0 mg/mL	Draw: 40-160 units Freq.: Weekly, SC	24-48 wks	Triple GLP-1/GIP/glucagon receptor agonist; investigational for weight/metabolic management (Phase 3 trials). <i>Inject SC once weekly, split doses >1mL, rotating sites (abdomen, thigh, upper arm).</i>
Selank <i>10mg vial— anxiolytic heptapeptide</i>	STANDARD: 250 mcg/day	BAC Water: 2.0 mL · Conc.: 5.0 mg/mL	Draw: 5 units · Freq.: Daily, SC	5d on/2 off	Tuftsian analog; modulates GABAergic tone and BDNF expression, studied for anxiolytic and immunomodulatory effects (preclinical). <i>Inject SC, rotating sites.</i>
Selank + Semax <i>5 mg blend — Russian nootropic stack</i>	SC LOAD: 250-300 mcg SC MAINT.: 400-800 mcg NASAL: 200-300mcg x2-3/d	BAC Water: 2.0-3.0 mL Conc.: Per individual entries	Draw: Separate syringes/sites · Freq.: Once daily, AM, or nasal 2-3x/day	4 wks on/4 off (or 10-14 day short cycles)	Combines Selank's GABAergic/anxiolytic action with Semax's ACTH(4-10)-analog nootropic/BDNF-upregulating effects; published "Russian nootropic stack" protocols introduce Selank alone for 5-7 days before adding Semax (preclinical/limited foreign clinical use). <i>Inject SC at separate sites (or use nasal route with a 15-30 min gap between sprays), AM dosing before 2pm.</i>
Semaglutide <i>5 mg vial — GLP-1 receptor agonist</i>	WK 1-4: 250 mcg/wk WK 5-8: 500 mcg/wk WK 9-12: 1000 mcg/wk WK 13-16: 1700 mcg/wk WK 17+: 2400 mcg/wk	BAC Water: 2.0 mL · Conc.: 2.5 mg/mL	Draw: 10-96 units Freq.: Weekly, SC	16-20+ wks	GLP-1 receptor agonist; studied for glycemic control and appetite/weight regulation (clinical use). <i>Inject SC once weekly, rotating sites (abdomen, thigh, upper arm).</i>
Semax <i>5mg vial— ACTH(4-10) heptapeptide analog</i>	STANDARD: 100 mcg per spray (0.10 mL)	Vehicle: 3.0 mL · Conc.: 1.0 mg/mL	Route: Intranasal Freq.: 1-3x/day	10-20 days	ACTH(4-10) heptapeptide analog; studied for nootropic/neuroprotective effects via BDNF upregulation (preclinical/limited clinical use outside U.S.). <i>Intranasal spray only — no injection.</i>
Sermorelin <i>5mg vial—GHRH(1-29) analog</i>	WK 1-2: 200 mcg/day WK 3-4: 300 mcg/day WK 5-6: 400 mcg/day WK 7-8: 500 mcg/day	BAC Water: 3.0 mL · Conc.: 1.67 mg/mL	Draw: 12-30 units Freq.: Nightly, SC	3-6 months	Growth-hormone releasing hormone (1-29) analog; stimulates pulsatile pituitary GH release (clinical use). <i>Inject SC nightly at bedtime, rotating sites (abdomen, thigh, upper arm).</i>
Setmelanotide <i>3mg vial—MC4-receptor agonist (Imcivree)</i>	WK 1-2: 2 mg/day WK 3+: 3 mg/day	Form: 10 mg/mL prefilled vial	Draw: 0.2-0.3 mL Freq.: Daily, SC	Ongoing per treating protocol	Melanocortin-4 receptor agonist; restores MC4R pathway signaling for appetite/energy regulation (FDA-approved as Imcivree for genetic obesity syndromes). <i>Inject SC once daily at the start of the day, rotating sites (abdomen, thigh, arm).</i>
SNAP-8 <i>5 mg — acetyl octapeptide-3 (topical)</i>	TOPICAL: 3-10% concentration	Form: Topical serum/cream — not injectable	Route: Topical application · Freq.: 1-2x/day	Ongoing, cosmetic use	Extended SNARE-inhibiting octapeptide (successor to Argireline); reduces expression-line muscle micro-contraction when applied topically. <i>Apply topically to clean skin; not for injection or SC use.</i>
Somatostatin <i>native14-ahormone— IV infusion only</i>	N/A: IV infusion, not SC vial	Route: Continuous IV infusion	Setting: Hospital/ICU use · Freq.: Continuous infusion	Per treating protocol (acute GI bleeding, fistula)	Native somatostatin has an extremely short (~2-3 min) half-life and is clinically given as continuous IV infusion (e.g., GI bleeding, pancreatic fistula), not as a self-administered SC vial. <i>Not compatible with a daily SC self-injection format — flag for customer research before listing.</i>
Somatotropin <i>10IU vial—recombinant human growth hormone</i>	START: 0.15-0.3 mg/day MAINTENANCE: up to ~1-2 mg/day	BAC Water: 1.0 mL · Conc.: 10 IU/mL	Draw: Per mg/IU calc · Freq.: Daily, SC (divide weekly dose over 6-7 days)	Ongoing per treating protocol	Recombinant human growth hormone (identical sequence to pituitary GH); FDA-approved for adult/pediatric GH deficiency, dosed by body weight or fixed titration with IGF-1 monitoring. <i>Inject SC once daily, rotating sites; titrate to IGF-1 levels within normal range.</i>
SS-31 <i>10mg vial— mitochondria-targeted peptide (elamipretide)</i>	WK 1-2: 5 mg/day WK 3-8: 10 mg/day	BAC Water: 1.0 mL · Conc.: 10.0 mg/mL	Draw: 50-100 units Freq.: Daily, SC	8-12 wks	Mitochondria-targeted tetrapeptide (elamipretide); studied for cardioplin stabilization and mitochondrial-function support (preclinical/clinical trials). <i>Inject SC once daily, split doses ≥15mg, rotating sites (abdomen, thigh, upper arm).</i>
Survodutide <i>2mg vial—GLP-1/glucagon dual agonist</i>	WK 1-2: 0.6 mg/wk WK 3-4: 1.2 mg/wk WK 5-6: 1.8 mg/wk WK 7-8: 2.4 mg/wk WK 9-12+: 3.6-6.0 mg/wk	BAC Water: 2.0 mL · Conc.: 5.0 mg/mL	Draw: 12-120 units Freq.: Weekly, SC	12-48+ wks	Dual GLP-1/glucagon receptor agonist; investigational for weight/metabolic and liver-fat management (Phase 3 trials). <i>Inject SC once weekly, split doses ≥1mL, rotating sites (abdomen, thigh, upper arm).</i>
Syn-Ake <i>5mg—syn-akeptide (topical)</i>	TOPICAL: Concentration varies by supplier	Form: Topical serum/cream — not injectable	Route: Topical application · Freq.: 1-2x/day	Ongoing, cosmetic use	Tripeptide marketed to mimic waglerin-1 (temple viper venom peptide), studied for muscle-relaxant 'Botox-like' effects on expression lines; no single industry-standard % concentration was found in sources checked. <i>Apply topically to clean skin; not for injection or SC use.</i>
Syn-Coll <i>5mg—palmitoyl tripeptide-5 (topical)</i>	TOPICAL: Concentration varies by supplier	Form: Topical serum/cream — not injectable	Route: Topical application · Freq.: 1-2x/day	Ongoing, cosmetic use	Palmitoyl tripeptide-5, marketed as a collagen-stimulating alternative to TGF-beta; no single industry-standard % concentration was found in sources checked. <i>Apply topically to clean skin; not for injection or SC use.</i>

PEPTIDE / VIAL	DOSING PROTOCOL	RECONSTITUTION	DRAW & FREQUENCY	CYCLE TIMELINE	CLINICAL MECHANICS & ADMINISTRATION
TB-500 <i>5mg/vial—Thymosin Beta-4 fragment</i>	LOADING · WK 1–4: 6–8 mg/wk (split 2–3 inj.) MAINTENANCE · WK 5–8: 2–4 mg every 1–2 wks	BAC Water: 2.0 mL · Conc.: 2.5 mg/mL	Draw: 1 mg=40u · Freq.: 2–3x/wk→biwk	4–8 wks	Actin-binding peptide; promotes cell migration, angiogenesis, and reduced inflammation to support soft-tissue repair (preclinical). <i>Inject SC, rotating sites.</i>
Tesamorelin <i>5 mg vial — GnRH analog (tesamorelin)</i>	WK 1: 1 mg/day WK 2+: 2 mg/day	BAC Water: 2.5 mL · Conc.: 2.0 mg/mL	Draw: 50–100 units Freq.: Nightly, SC	12–26 wks	Growth-hormone releasing hormone analog; FDA-approved for HIV-associated lipodystrophy, studied for visceral-fat reduction (clinical use). <i>Inject SC nightly, abdomen preferred (≥2in from navel), rotating sites.</i>
Tesofensine <i>0.5 mg tablet — oral phenyltropane (investigational)</i>	STANDARD: 0.25–0.5 mg/day, oral	Form: Oral tablet — no injection/reconstitution	Route: Oral · Freq.: Once daily, AM	24 wks (trial length), ext. to 48	Small-molecule dopamine/norepinephrine/serotonin reuptake inhibitor (not a peptide); investigational for obesity, not yet FDA-approved (~9% placebo-subtracted weight loss at 0.5mg in trials). <i>Oral tablet, once daily in the morning; not an injectable — no vial or reconstitution applies.</i>
Thymogen <i>10mg/vial—Glu-Trp dipeptide immunomodulator</i>	STANDARD: 100 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 3 units · Freq.: Daily, SC	~3 wks, then washout	Glu-Trp dipeptide bioregulator (Khavinson-class); studied in Russia for immune-function support, also available there as an approved nasal spray (preclinical/foreign-approved use). <i>Inject SC into abdomen or thigh once daily; avoid continuous no-break use.</i>
Thymopentin <i>5mg— TP-5, thymopoietin-derived pentapeptide</i>	N/A: Dose varies by trial/indication	Route: SC or IM (per published trials)	Source: RA, dermatitis, and dialysis-infection trials	Per clinical trial protocol	Thymopoietin-derived pentapeptide (TP-5); studied in published trials for rheumatoid arthritis, atopic dermatitis and dialysis-related infection prophylaxis via SC/IM injection, but has no FDA-approved or standardized self-administration dose — reported trial doses vary by indication. <i>Not currently compounded/prescribed in the U.S.; flag for customer research on the specific trial protocol intended before publishing an exact dose.</i>
Thymosin Alpha-1 <i>5 mg vial — immune-modulating peptide</i>	STANDARD: 1.5 mg, 2x/week	BAC Water: 2.0 mL · Conc.: 2.5 mg/mL	Draw: 60 units · Freq.: 2x/wk, SC	~2 wks	Thymic peptide fragment; supports T-cell maturation and modulates innate/adaptive immune signaling (preclinical/clinical use outside U.S.). <i>Inject SC, rotating sites.</i>
Thymosin Beta-4 <i>5 mg vial — full-length actin-binding peptide</i>	LOADING · WK 1-4: 6–8 mg/wk (split 2–3 inj.) MAINTENANCE · WK 5-8: 2–4 mg every 1–2 wks	BAC Water: 2.0 mL · Conc.: 2.5 mg/mL	Draw: 1 mg=40u · Freq.: 2–3x/wk to biweekly	4–8 wks	Full-length actin-binding peptide; TB-500 is a synthetic fragment/analogue of this same molecule and shares its core research data — promotes cell migration, angiogenesis, and reduced inflammation for soft-tissue repair (preclinical). <i>Inject SC, rotating sites (abdomen, thigh, upper arm).</i>
Thymulin <i>10mg/vial— Zn-dependent thymic nonapeptide (FTS)</i>	START: 100 mcg/day STANDARD: 250–300 mcg/day ADVANCED: 500 mcg/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 3–15 units Freq.: Daily evening, SC	10–20 day courses, cyclic	Zinc-dependent thymic nonapeptide (FTS); studied for T-cell maturation and immune-modulating signaling (preclinical/foreign research use). <i>Inject SC in the evening (6–8 PM), rotating sites.</i>
Tirzepatide <i>5mg/vial—GLP-1/GIP dual agonist</i>	WK 1-4: 2.5 mg/wk WK 5-8: 5 mg/wk WK 9-12: 7.5 mg/wk WK 13-16: 10 mg/wk	BAC Water: 2.0 mL · Conc.: 2.5 mg/mL	Draw: 40–160 units Freq.: Weekly, SC	12–16+ wks	Dual GLP-1/GIP receptor agonist; studied for glycemic control and appetite/weight regulation (clinical use). <i>Inject SC once weekly, split doses >1mL, rotating sites (abdomen, thigh, upper arm).</i>
Transfer Factor <i>5 mg — colostrum-derived immune peptides</i>	N/A: Dose varies by commercial product	Form: Oral capsule — no injection/reconstitution	Route: Oral · Freq.: Per product label	Per product label	Colostrum/egg-yolk-derived immune-signaling molecules; sold as proprietary branded blends (e.g. 4Life, Researched Nutritionals) with differing composition, so no single standardized mg dose applies across products. <i>Oral capsule per the specific commercial product's label; confirm exact product/brand intended before publishing one dose.</i>
Triptorelin <i>3.75mg/depot—GnRH agonist (Trelstar)</i>	MONTHLY: 3.75 mg IM QUARTERLY: 11.25 mg IM SEMI-ANNUAL: 22.5 mg IM	Form: Lyophilized + prefilled diluent	Route: IM injection · Freq.: Monthly / q3mo / q6mo per strength	Long-term per treating protocol	GnRH agonist; chronic use downregulates pituitary GnRH receptors, suppressing LH/FSH and sex-steroid production (FDA-approved for advanced prostate cancer). <i>IM injection into buttock by trained provider; strengths are not interchangeable/additive.</i>
Tuftsinn <i>5 mg — Thr-Lys-Pro-Arg immunostimulant tetrapeptide</i>	N/A: No standardized human SC protocol	Status: Animal/derivative-compound research only	Source: Tuftsinn-derived T-peptide beagle PK, mouse sepsis studies	Not established	Endogenous phagocytosis-stimulating tetrapeptide; published research on tuftsinn-derived analogs used animal (mouse/beagle) models, not standardized human self-injection dosing. <i>Not established for human self-administration — flag for customer research before listing.</i>
Vilon <i>20mg/vial— dipeptide bioregulator</i>	DAY 1-5: 1–5 units, titrating	BAC Water: 3.0 mL · Conc.: 6.67 mg/mL	Draw: 1–10 units Freq.: 5 days on/~23 off	2–4 months	Lys-Glu dipeptide bioregulator; studied for immune and tissue-repair support (preclinical, Khavinson-class peptide). <i>Inject SC once daily for 5 consecutive days per cycle, rotating sites.</i>
VIP <i>10mg/vial — vasoactive intestinal peptide</i>	STANDARD: 100 mcg, 1–2x/day	BAC Water: 3.0 mL · Conc.: 3.33 mg/mL	Draw: 3 units · Freq.: 1–2x/day, SC	Continuous (no standard cycle)	Neuropeptide hormone studied for anti-inflammatory and immune-modulating signaling; requires baseline/ongoing lipase monitoring per research protocols. <i>Inject SC, rotating sites; stop if rising lipase or abdominal pain.</i>