

PeptideRef Handbook

The complete reference for reconstitution, dosing,
storage, and safe injection technique.

UK Edition · v1.0 · 31 peptides

Research-use reference only. Not medical advice.

Welcome

This handbook is a printable companion to the PeptideRef web app. It collects the beginner's guide and a one-page reference for every peptide in the library, including reconstitution steps, a dose → syringe-units table, storage rules, and side-effect summaries.

All measurements use the metric system (mg, mcg, mL) and U-100 insulin syringe units — the standard in the UK and most of the world.

Important. This document is provided for research and educational reference only. It is not medical advice. Most peptides discussed are not licensed by the MHRA for human use in the UK. Always consult a registered clinician before administering any substance.

What's inside

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1. Supplies you'll need

Gather the full kit before you reconstitute anything. Improvising mid-process is how vials get contaminated.

BACTERIOSTATIC WATER (30 ML)

0.9% benzyl-alcohol sterile water. In the UK, look for compounding-pharmacy supply (Wockhardt) or research-supply vendors. A single 30 mL multi-use vial covers most reconstitutions.

U-100 INSULIN SYRINGES

0.3 mL or 0.5 mL barrel, 29–31G, 8 mm (5/16") or 12.7 mm (1/2") needle. Boxes of 100 from BD Micro-Fine, Terumo, or NHS-issued supplies.

3 ML MIXING SYRINGE + 21–23G NEEDLE

Used once per vial to transfer BAC water. Luer-lock preferred.

70% ISOPROPYL ALCOHOL SWABS

Sterile single-use sachets. Box of 200+ is cheapest.

SHARPS BIN

BS-EN-ISO 23907 yellow sharps bin (1 L is plenty). Most UK councils offer free collection — check your local authority website.

MILLIGRAM DIGITAL SCALE (OPTIONAL)

0.001 g precision. Only needed if you split powders or weigh capsules.

UK tip. Pharmacies dispense BAC water and insulin syringes against a private prescription. Many GPs will also issue a sharps bin on request — it's NHS-funded.

2. Vials, BAC water & concentration

Concentration is the most important number in peptide dosing. It is simply how much peptide is dissolved in each millilitre of solution.

$$\text{concentration (mg/mL)} = \text{vial size (mg)} \div \text{BAC water added (mL)}$$

Example: a 5 mg vial mixed with 2 mL of BAC water gives 2.5 mg/mL (or 2,500 mcg/mL). More water = larger draw volume per dose (easier to measure small doses). Less water = smaller draw volume (better when doses are large).

READING THE U-100 INSULIN SYRINGE

On a U-100 syringe, **100 units = 1 mL**. So 10 units = 0.10 mL, 25 units = 0.25 mL, and so on. Every dose table in this handbook is already converted into syringe units for you.

3. Your first reconstitution

1. Wash hands. Lay out a clean surface and all supplies.
2. Wipe both vial stoppers (peptide + BAC water) with an alcohol swab. Let dry.
3. Draw the planned volume of BAC water into a 3 mL mixing syringe.
4. Insert needle into peptide vial at -45° . Push the plunger **slowly** so water runs down the inside wall of the vial — not directly onto the powder.
5. Withdraw the empty syringe.
6. Gently swirl or roll the vial between your palms until the powder fully dissolves. The solution should be clear. **Never shake** — shaking shears peptide chains.
7. Label the vial with date, peptide name, and concentration (mg/mL). Refrigerate at $2-8^{\circ}\text{C}$.

4. Injection basics

Most research peptides are administered subcutaneously (SubQ) — into the fatty layer just under the skin — using a short insulin syringe.

- **Subcutaneous:** 8 mm or 12.7 mm insulin needle, 90° into a pinched fold of skin/fat on the abdomen, flank, or thigh.
- **Intramuscular:** longer needle (25 mm) into deltoid, vastus lateralis, or glute. Only used for specific peptides.
- **Intranasal:** measured dropper or atomiser into the nostril, head tilted back. Used for Semax and Selank.

SITE ROTATION

Rotate sites to avoid bruising, scar tissue, and lipohypertrophy (lumpy fat deposits that absorb erratically). Alternate left/right and move at least 25 mm from the previous spot each day.

5. Storage, shelf life & when to bin a vial

- **Lyophilised (unmixed):** long-term in freezer (-20°C); stable for months to years.
- **Reconstituted:** refrigerated ($2-8^{\circ}\text{C}$). Most peptides remain potent for 2–4 weeks; some up to 30 days. Light-sensitive peptides (NAD⁺, glutathione) should be wrapped in foil.
- **Never freeze** a reconstituted vial — ice crystals damage the peptide chain.
- **Bin the vial** if solution turns cloudy, yellow/brown, or develops particulates.

6. Common mistakes

- Shaking the vial instead of swirling — denatures the peptide.
- Spraying BAC water directly onto the powder — same problem.
- Reusing needles — instant contamination and painful blunt-needle injections.
- Not labelling the vial — you will forget the concentration in 48 hours.
- Mixing mcg and mg in the math — always convert before calculating units.
- Storing reconstituted vials at room temperature.
- Injecting into the same spot repeatedly.

7. Peptide reference

One page per peptide. Each page assumes the most common reconstitution (vial size ÷ BAC water shown in the data box) and shows the resulting syringe units for the typical dose range. Adjust for your actual vial and water volume by re-running the calculator in the PeptideRef web app.

BPC-157

Also known as: Body Protective Compound

Healing & Recovery

Synthetic pentadecapeptide studied for tissue repair, gut healing, and tendon recovery.

Vial size (typical)	5 mg (common: 2 mg, 5 mg, 10 mg)
BAC water to add	2 mL → 2.50 mg/mL (2500 mcg/mL)
Typical dose	250 – 500 mcg
Frequency	1–2x daily
Route	Subcutaneous
Storage (reconstituted)	Refrigerate at 2–8°C immediately after mixing. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
250 mcg	0.100 mL	10.0 units
375 mcg	0.150 mL	15.0 units
500 mcg	0.200 mL	20.0 units

RECONSTITUTION

1. Wipe both vial stoppers (BPC-157 and bacteriostatic water) with an alcohol swab.
2. Draw the chosen volume of bacteriostatic water into an insulin syringe.
3. Angle the needle against the inside wall of the BPC-157 vial and slowly inject the water. Do not aim at the powder directly.
4. Gently swirl — do NOT shake. Let it sit 30–60 seconds until fully dissolved into a clear solution.
5. Label the vial with the reconstitution date and the resulting concentration.

ADMINISTRATION

1. Wash hands and prep a clean surface.
2. Wipe the vial stopper with a fresh alcohol swab.
3. Draw your calculated dose into an insulin syringe; tap out air bubbles.
4. Choose a subcutaneous site (lower abdomen, love handle, or thigh). Rotate sites each injection.
5. Pinch the skin, insert needle at 45–90°, aspirate briefly, then inject slowly.
6. Withdraw the needle, apply gentle pressure with gauze, and dispose of the syringe in a sharps container.

SIDE EFFECTS TO WATCH FOR

- Mild injection-site irritation
- Occasional dizziness
- Rare nausea

TB-500

Also known as: Thymosin Beta-4 fragment

Healing & Recovery

Synthetic peptide fragment researched for soft tissue repair, flexibility, and inflammation.

Vial size (typical)	5 mg (common: 2 mg, 5 mg, 10 mg)
BAC water to add	2 mL → 2.50 mg/mL (2500 mcg/mL)
Typical dose	2,000 – 2,500 mcg
Frequency	2x per week (loading), then 1x per week
Route	Subcutaneous or IM
Storage (reconstituted)	Refrigerate immediately. Do not freeze reconstituted solution. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
2,000 mcg	0.800 mL	80.0 units
2,250 mcg	0.900 mL	90.0 units
2,500 mcg	1.000 mL	100.0 units

RECONSTITUTION

1. Sanitize both vial stoppers with alcohol swabs.
2. Draw 2 mL of bacteriostatic water into a syringe.
3. Slowly inject water down the inside wall of the TB-500 vial.
4. Swirl gently until the powder dissolves. Never shake.
5. Refrigerate immediately and label with date + concentration (e.g. 2.5 mg/mL).

ADMINISTRATION

1. Clean injection site with alcohol and allow to dry.
2. Draw dose with insulin syringe; clear bubbles.
3. Subcutaneous injection in abdomen is standard; IM in glute or thigh is also used.
4. Insert at 45–90°, inject slowly, withdraw, and apply pressure.
5. Rotate sites; dispose of sharps safely.

SIDE EFFECTS TO WATCH FOR

- Temporary fatigue
- Head-rush after injection
- Injection site redness

Semaglutide

Also known as: Ozempic / Wegovy (research analog)

GLP-1 / Metabolic

GLP-1 receptor agonist studied for blood glucose regulation and appetite suppression.

Note. Slow titration dramatically reduces GI side effects. Stay well hydrated.

Vial size (typical)	5 mg (common: 2 mg, 3 mg, 5 mg, 10 mg)
BAC water to add	2 mL → 2.50 mg/mL (2500 mcg/mL)
Typical dose	250 – 2,400 mcg
Frequency	Once weekly, titrated upward over weeks
Route	Subcutaneous
Storage (reconstituted)	Refrigerate at 2–8°C. Protect from light. · Shelf life: Up to 56 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
250 mcg	0.100 mL	10.0 units
1,325 mcg	0.530 mL	53.0 units
2,400 mcg	0.960 mL	96.0 units

RECONSTITUTION

1. Sanitize the stoppers of the semaglutide vial and bacteriostatic water.
2. Draw 2 mL of bacteriostatic water.
3. Inject the water gently against the inside wall of the semaglutide vial.
4. Swirl until fully dissolved — never shake.
5. Label with date and resulting mg/mL concentration.

ADMINISTRATION

1. Always start at the lowest titration dose (typically 0.25 mg/week) for 4 weeks before increasing.
2. Wipe injection site (abdomen, thigh, or upper arm) with alcohol.
3. Draw the prescribed dose into an insulin syringe and remove air bubbles.
4. Pinch skin, insert at 90°, inject slowly subcutaneously.
5. Withdraw needle, apply pressure, and dispose of sharps.
6. Take on the same day each week. If a dose is missed >5 days, restart at last tolerated dose.

SIDE EFFECTS TO WATCH FOR

- Nausea
- Constipation or diarrhea
- Fatigue
- Reduced appetite

Tirzepatide

Also known as: Mounjaro / Zepbound (research analog)

GLP-1 / Metabolic

Dual GIP/GLP-1 receptor agonist studied for glucose control and significant weight reduction.

Note. Maximum researched dose is 15 mg weekly. Do not exceed without titration period.

Vial size (typical)	10 mg (common: 5 mg, 10 mg, 15 mg, 30 mg)
BAC water to add	2 mL → 5.00 mg/mL (5000 mcg/mL)
Typical dose	2,500 – 15,000 mcg
Frequency	Once weekly, titrated every 4 weeks
Route	Subcutaneous
Storage (reconstituted)	Refrigerate at 2–8°C. Protect from light. · Shelf life: Up to 42 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
2,500 mcg	0.500 mL	50.0 units
8,750 mcg	1.750 mL	175.0 units
15,000 mcg	3.000 mL	300.0 units

RECONSTITUTION

1. Wipe vial tops with alcohol.
2. Draw 2 mL bacteriostatic water.
3. Inject slowly down the inner wall of the tirzepatide vial.
4. Swirl until clear — never shake.
5. Label with date and concentration (e.g. 5 mg/mL).

ADMINISTRATION

1. Begin at 2.5 mg weekly for 4 weeks; titrate by 2.5 mg every 4 weeks based on tolerance.
2. Clean injection site on abdomen, thigh, or upper arm.
3. Draw exact dose into U-100 insulin syringe.
4. Inject subcutaneously at 90°; rotate sites weekly.
5. Dispose of sharps responsibly.

SIDE EFFECTS TO WATCH FOR

- Nausea
- GI discomfort
- Decreased appetite
- Fatigue at higher doses

Retatrutide

GLP-1 / Metabolic

Triple agonist (GIP/GLP-1/glucagon) under research for weight reduction.

Vial size (typical)	10 mg (common: 5 mg, 10 mg, 20 mg)
BAC water to add	2 mL → 5.00 mg/mL (5000 mcg/mL)
Typical dose	500 – 12,000 mcg
Frequency	Once weekly with slow titration
Route	Subcutaneous
Storage (reconstituted)	Refrigerate at 2–8°C, protect from light. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
500 mcg	0.100 mL	10.0 units
6,250 mcg	1.250 mL	125.0 units
12,000 mcg	2.400 mL	240.0 units

RECONSTITUTION

1. Sanitize vial stoppers.
2. Draw 2 mL bacteriostatic water.
3. Add slowly to vial against inner wall.
4. Swirl gently to dissolve.
5. Label clearly with date + mg/mL.

ADMINISTRATION

1. Start very low (0.5 mg/week) and titrate monthly.
2. Subcutaneous injection in abdomen or thigh, rotating sites.
3. Use insulin syringe; remove air; inject slowly at 90°.
4. Discard sharps safely.

SIDE EFFECTS TO WATCH FOR

- Nausea
- Vomiting at high doses
- GI distress
- Fatigue

Ipamorelin

Growth Hormone

Selective GHRP that promotes pulsatile growth hormone release with minimal cortisol/prolactin impact.

Vial size (typical)	5 mg (common: 2 mg, 5 mg, 10 mg)
BAC water to add	2 mL → 2.50 mg/mL (2500 mcg/mL)
Typical dose	200 – 300 mcg
Frequency	1–3x daily, on empty stomach
Route	Subcutaneous
Storage (reconstituted)	Refrigerate at 2–8°C, away from light. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
200 mcg	0.080 mL	8.0 units
250 mcg	0.100 mL	10.0 units
300 mcg	0.120 mL	12.0 units

RECONSTITUTION

1. Wipe both stoppers with alcohol.
2. Draw 2 mL of bacteriostatic water.
3. Inject slowly against the inner vial wall.
4. Swirl gently — never shake.
5. Label with date and concentration.

ADMINISTRATION

1. Inject subcutaneously on empty stomach (no food 2 hours before, 30 min after).
2. Common times: morning, post-workout, before bed.
3. Rotate injection sites on abdomen.
4. Use insulin syringe; inject slowly; dispose safely.

SIDE EFFECTS TO WATCH FOR

- Mild head rush
- Temporary hunger spike
- Tingling at injection site

CJC-1295 (no DAC)

Also known as: Mod GRF 1-29

Growth Hormone

GHRH analog that amplifies natural GH pulses; short half-life pairs well with a GHRP like Ipamorelin.

Vial size (typical)	2 mg (common: 2 mg, 5 mg)
BAC water to add	2 mL → 1.00 mg/mL (1000 mcg/mL)
Typical dose	100 – 200 mcg
Frequency	1–3x daily, paired with GHRP
Route	Subcutaneous
Storage (reconstituted)	Refrigerate, light-protected. · Shelf life: Up to 21 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
100 mcg	0.100 mL	10.0 units
150 mcg	0.150 mL	15.0 units
200 mcg	0.200 mL	20.0 units

RECONSTITUTION

1. Sanitize stoppers.
2. Draw 2 mL bacteriostatic water.
3. Add slowly to the vial against the inner wall.
4. Swirl until dissolved.
5. Label vial.

ADMINISTRATION

1. Stack with Ipamorelin in the same syringe (draw each separately, no mixing in vial).
2. Subcutaneous injection on empty stomach.
3. Common protocol: 100 mcg CJC + 200 mcg Ipamorelin before bed.
4. Rotate sites.

SIDE EFFECTS TO WATCH FOR

- Flushing
- Light-headedness
- Injection site irritation

CJC-1295 with DAC

Growth Hormone

Long-acting GHRH analog with Drug Affinity Complex — extended half-life, weekly dosing.

Vial size (typical)	2 mg (common: 2 mg, 5 mg)
BAC water to add	2 mL → 1.00 mg/mL (1000 mcg/mL)
Typical dose	1,000 – 2,000 mcg
Frequency	1–2x per week
Route	Subcutaneous
Storage (reconstituted)	Refrigerate, protect from light. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
1,000 mcg	1.000 mL	100.0 units
1,500 mcg	1.500 mL	150.0 units
2,000 mcg	2.000 mL	200.0 units

RECONSTITUTION

1. Wipe stoppers with alcohol.
2. Draw 2 mL bacteriostatic water.
3. Inject down the inner wall of the vial.
4. Swirl gently to dissolve.
5. Label and refrigerate.

ADMINISTRATION

1. Once or twice weekly subcutaneous injection.
2. Timing not as critical due to extended half-life.
3. Rotate sites; use insulin syringe.

SIDE EFFECTS TO WATCH FOR

- Persistent GH elevation
- Water retention
- Headache

Sermorelin

Growth Hormone

GHRH analog (1–29) that stimulates natural GH production from the pituitary.

Vial size (typical)	3 mg (common: 3 mg, 5 mg, 9 mg)
BAC water to add	2 mL → 1.50 mg/mL (1500 mcg/mL)
Typical dose	200 – 500 mcg
Frequency	Nightly before bed
Route	Subcutaneous
Storage (reconstituted)	Refrigerate, light-protected. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
200 mcg	0.133 mL	13.3 units
350 mcg	0.233 mL	23.3 units
500 mcg	0.333 mL	33.3 units

RECONSTITUTION

1. Sanitize vial stoppers.
2. Draw 2 mL bacteriostatic water.
3. Add to vial slowly against inner wall.
4. Swirl until dissolved.
5. Label and refrigerate.

ADMINISTRATION

1. Inject subcutaneously into abdominal fat before bed on empty stomach.
2. Use insulin syringe; remove bubbles.
3. Cycle 5 days on, 2 days off is common.

SIDE EFFECTS TO WATCH FOR

- Flushing
- Dizziness
- Injection site reactions

Tesamorelin

Growth Hormone

GHRH analog studied specifically for visceral adipose tissue reduction.

Vial size (typical)	2 mg (common: 2 mg, 5 mg, 10 mg)
BAC water to add	2 mL → 1.00 mg/mL (1000 mcg/mL)
Typical dose	1,000 – 2,000 mcg
Frequency	Once daily before bed
Route	Subcutaneous
Storage (reconstituted)	Refrigerate immediately, protect from light. · Shelf life: Up to 14 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
1,000 mcg	1.000 mL	100.0 units
1,500 mcg	1.500 mL	150.0 units
2,000 mcg	2.000 mL	200.0 units

RECONSTITUTION

1. Wipe stoppers.
2. Draw 2 mL bacteriostatic water.
3. Add to vial slowly.
4. Swirl gently.
5. Label and refrigerate.

ADMINISTRATION

1. Subcutaneous abdominal injection each evening.
2. Rotate sites to prevent lipoatrophy.
3. Inject slowly with insulin syringe.

SIDE EFFECTS TO WATCH FOR

- Joint pain
- Swelling
- Injection site redness

GHK-Cu

Also known as: Copper Peptide

Cosmetic & Skin

Copper tripeptide researched for skin remodeling, hair growth, and wound healing.

Vial size (typical)	50 mg (common: 50 mg, 100 mg, 200 mg)
BAC water to add	5 mL → 10.00 mg/mL (10000 mcg/mL)
Typical dose	1,000 – 3,000 mcg
Frequency	Daily or every other day
Route	Subcutaneous
Storage (reconstituted)	Refrigerate at 2–8°C, away from light. · Shelf life: Up to 60 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
1,000 mcg	0.100 mL	10.0 units
2,000 mcg	0.200 mL	20.0 units
3,000 mcg	0.300 mL	30.0 units

RECONSTITUTION

1. Sanitize vial stoppers.
2. Draw 5 mL bacteriostatic water (typical for 50 mg vial → 10 mg/mL).
3. Inject water slowly into vial.
4. Swirl until the solution turns deep blue — never shake.
5. Label vial.

ADMINISTRATION

1. Inject subcutaneously near the target area (e.g. scalp for hair, abdomen for systemic).
2. Use insulin syringe; rotate sites.
3. Topical formulations also exist for skin use.

SIDE EFFECTS TO WATCH FOR

- Mild blue discoloration at injection site
- Occasional irritation

Melanotan II

Cosmetic & Skin

Melanocortin receptor agonist studied for tanning and appetite effects.

Note. Examine moles before starting and monitor for changes.

Vial size (typical)	10 mg (common: 10 mg)
BAC water to add	2 mL → 5.00 mg/mL (5000 mcg/mL)
Typical dose	250 – 1,000 mcg
Frequency	Daily during loading, then 2–3x weekly maintenance
Route	Subcutaneous
Storage (reconstituted)	Refrigerate, light-protected. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
250 mcg	0.050 mL	5.0 units
625 mcg	0.125 mL	12.5 units
1,000 mcg	0.200 mL	20.0 units

RECONSTITUTION

1. Wipe stoppers.
2. Draw 2 mL bacteriostatic water.
3. Add slowly to vial.
4. Swirl gently to dissolve.
5. Label and refrigerate.

ADMINISTRATION

1. Start at low dose (250 mcg) to gauge tolerance for nausea.
2. Inject subcutaneously into abdominal fat.
3. Combine with controlled UV exposure for tanning effects.
4. Rotate sites.

SIDE EFFECTS TO WATCH FOR

- Nausea (often heavy at first dose)
- Facial flushing
- Spontaneous erections
- Darkening of moles

PT-141

Also known as: *Bremelanotide*

Sexual Health

Melanocortin agonist studied for libido and sexual response in both sexes.

Vial size (typical)	10 mg (common: 10 mg)
BAC water to add	2 mL → 5.00 mg/mL (5000 mcg/mL)
Typical dose	750 – 2,000 mcg
Frequency	As needed, 30–60 minutes prior
Route	Subcutaneous
Storage (reconstituted)	Refrigerate at 2–8°C. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
750 mcg	0.150 mL	15.0 units
1,375 mcg	0.275 mL	27.5 units
2,000 mcg	0.400 mL	40.0 units

RECONSTITUTION

1. Sanitize stoppers.
2. Draw 2 mL bacteriostatic water.
3. Add to vial slowly.
4. Swirl gently.
5. Label.

ADMINISTRATION

1. Subcutaneous injection 30–60 minutes before desired effect.
2. Start at lowest dose to assess nausea.
3. Do not exceed once-daily use.

SIDE EFFECTS TO WATCH FOR

- Nausea
- Flushing
- Headache
- Transient blood pressure increase

MOTS-c

Nootropic & Longevity

Mitochondrial-derived peptide researched for metabolic regulation and exercise capacity.

Vial size (typical)	10 mg (common: 5 mg, 10 mg)
BAC water to add	2 mL → 5.00 mg/mL (5000 mcg/mL)
Typical dose	5,000 – 10,000 mcg
Frequency	2–3x per week
Route	Subcutaneous
Storage (reconstituted)	Refrigerate, protect from light. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
5,000 mcg	1.000 mL	100.0 units
7,500 mcg	1.500 mL	150.0 units
10,000 mcg	2.000 mL	200.0 units

RECONSTITUTION

1. Wipe stoppers.
2. Draw 2 mL bacteriostatic water.
3. Add slowly to vial.
4. Swirl gently to dissolve.
5. Label and refrigerate.

ADMINISTRATION

1. Subcutaneous injection 2–3 times per week.
2. Best taken in morning or pre-workout.
3. Rotate abdominal sites.

SIDE EFFECTS TO WATCH FOR

- Headache
- Mild fatigue
- Injection site reaction

Epithalon

Also known as: Epitalon

Nootropic & Longevity

Tetrapeptide studied for telomerase activation, sleep regulation, and pineal function.

Vial size (typical)	10 mg (common: 5 mg, 10 mg, 20 mg, 50 mg)
BAC water to add	2 mL → 5.00 mg/mL (5000 mcg/mL)
Typical dose	5,000 – 10,000 mcg
Frequency	Daily in 10–20 day cycles, 1–2x per year
Route	Subcutaneous
Storage (reconstituted)	Refrigerate, light-protected. · Shelf life: Up to 14 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
5,000 mcg	1.000 mL	100.0 units
7,500 mcg	1.500 mL	150.0 units
10,000 mcg	2.000 mL	200.0 units

RECONSTITUTION

1. Sanitize stoppers.
2. Draw 2 mL bacteriostatic water.
3. Add slowly to vial.
4. Swirl gently.
5. Label vial.

ADMINISTRATION

1. Subcutaneous injection, ideally in evening.
2. Typical cycle: 5–10 mg daily for 10–20 days.
3. Rotate sites.

SIDE EFFECTS TO WATCH FOR

- Vivid dreams
- Drowsiness

SS-31

Also known as: Elamipretide

Nootropic & Longevity

Mitochondria-targeted peptide researched for cellular energy and oxidative stress.

Vial size (typical)	50 mg (common: 10 mg, 50 mg)
BAC water to add	2 mL → 25.00 mg/mL (25000 mcg/mL)
Typical dose	2,000 – 5,000 mcg
Frequency	Daily
Route	Subcutaneous
Storage (reconstituted)	Refrigerate, protect from light. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
2,000 mcg	0.080 mL	8.0 units
3,500 mcg	0.140 mL	14.0 units
5,000 mcg	0.200 mL	20.0 units

RECONSTITUTION

1. Sanitize stoppers.
2. Draw 2 mL bacteriostatic water.
3. Inject into vial against inner wall.
4. Swirl gently to dissolve.
5. Label.

ADMINISTRATION

1. Daily subcutaneous injection.
2. Rotate sites on abdomen.
3. Use insulin syringe.

SIDE EFFECTS TO WATCH FOR

- Headache
- Injection site reactions

Thymosin Alpha-1

Also known as: TA-1

Immune

Immune-modulating peptide researched for immune regulation and infection recovery.

Vial size (typical)	5 mg (common: 1.6 mg, 5 mg, 10 mg)
BAC water to add	2 mL → 2.50 mg/mL (2500 mcg/mL)
Typical dose	800 – 1,600 mcg
Frequency	2x per week
Route	Subcutaneous
Storage (reconstituted)	Refrigerate, protect from light. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
800 mcg	0.320 mL	32.0 units
1,200 mcg	0.480 mL	48.0 units
1,600 mcg	0.640 mL	64.0 units

RECONSTITUTION

1. Sanitize vial stoppers.
2. Draw 2 mL bacteriostatic water.
3. Inject slowly into vial.
4. Swirl gently.
5. Label and refrigerate.

ADMINISTRATION

1. Subcutaneous injection twice weekly.
2. Rotate sites.
3. Use insulin syringe.

SIDE EFFECTS TO WATCH FOR

- Mild local irritation
- Rare flu-like symptoms

KPV

Immune

Tripeptide fragment of α -MSH studied for anti-inflammatory effects, especially in gut.

Vial size (typical)	5 mg (common: 5 mg, 10 mg)
BAC water to add	2 mL → 2.50 mg/mL (2500 mcg/mL)
Typical dose	250 – 500 mcg
Frequency	1–2x daily
Route	Subcutaneous
Storage (reconstituted)	Refrigerate, light-protected. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
250 mcg	0.100 mL	10.0 units
375 mcg	0.150 mL	15.0 units
500 mcg	0.200 mL	20.0 units

RECONSTITUTION

1. Sanitize stoppers.
2. Draw 2 mL bacteriostatic water.
3. Add slowly to vial.
4. Swirl gently.
5. Label.

ADMINISTRATION

1. Subcutaneous injection 1–2x daily.
2. Can also be compounded orally for gut-targeted use.
3. Rotate sites if injecting.

SIDE EFFECTS TO WATCH FOR

- Generally well tolerated
- Mild injection site reaction

AOD-9604

GLP-1 / Metabolic

Modified fragment of HGH (176–191) researched for fat metabolism without GH effects.

Vial size (typical)	5 mg (common: 2 mg, 5 mg)
BAC water to add	2 mL → 2.50 mg/mL (2500 mcg/mL)
Typical dose	300 – 600 mcg
Frequency	Daily, on empty stomach
Route	Subcutaneous
Storage (reconstituted)	Refrigerate, light-protected. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
300 mcg	0.120 mL	12.0 units
450 mcg	0.180 mL	18.0 units
600 mcg	0.240 mL	24.0 units

RECONSTITUTION

1. Sanitize stoppers.
2. Draw 2 mL bacteriostatic water.
3. Add slowly to vial against inner wall.
4. Swirl gently.
5. Label.

ADMINISTRATION

1. Subcutaneous injection on empty stomach, ideally morning.
2. Rotate abdominal sites.
3. Use insulin syringe.

SIDE EFFECTS TO WATCH FOR

- Minimal
- Occasional mild injection site irritation

Hexarelin

Growth Hormone

Potent GHRP with strong GH release; can elevate cortisol/prolactin at high doses.

Vial size (typical)	5 mg (common: 2 mg, 5 mg)
BAC water to add	2 mL → 2.50 mg/mL (2500 mcg/mL)
Typical dose	100 – 200 mcg
Frequency	1–3x daily on empty stomach
Route	Subcutaneous
Storage (reconstituted)	Refrigerate, protect from light. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
100 mcg	0.040 mL	4.0 units
150 mcg	0.060 mL	6.0 units
200 mcg	0.080 mL	8.0 units

RECONSTITUTION

1. Sanitize stoppers.
2. Draw 2 mL bacteriostatic water.
3. Inject into vial against inner wall.
4. Swirl gently.
5. Label.

ADMINISTRATION

1. Subcutaneous injection on empty stomach.
2. Cycle to avoid receptor desensitization (e.g. 8–12 weeks on, 4 off).
3. Rotate sites.

SIDE EFFECTS TO WATCH FOR

- Cortisol/prolactin spike at high doses
- Hunger
- Lethargy

GLOW

Also known as: GHK-Cu + BPC-157 + TB-500 blend

Cosmetic & Skin

Pre-mixed cosmetic blend combining GHK-Cu, BPC-157, and TB-500 — researched for skin remodeling, hair, and recovery.

Note. GLOW is a blend — dosing is for the combined formula, not individual components.

Vial size (typical)	70 mg (common: 70 mg)
BAC water to add	3 mL → 23.33 mg/mL (23333 mcg/mL)
Typical dose	200 – 300 mcg
Frequency	Daily, 5 days on / 2 days off
Route	Subcutaneous
Storage (reconstituted)	Refrigerate at 2–8°C immediately. Light-protected. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
200 mcg	0.009 mL	0.9 units
250 mcg	0.011 mL	1.1 units
300 mcg	0.013 mL	1.3 units

RECONSTITUTION

1. Sanitize both vial stoppers with alcohol swabs.
2. Draw 3 mL of bacteriostatic water into an insulin syringe.
3. Inject slowly down the inside wall of the GLOW vial.
4. Swirl gently — solution turns a faint blue from the copper peptide. Never shake.
5. Label with date and concentration (~10 units = 250 mcg blend on a U-100 syringe).

ADMINISTRATION

1. Inject subcutaneously into the abdomen (rotate sites).
2. Best taken in the evening on clean skin.
3. Use insulin syringe; remove air bubbles; inject slowly at 45–90°.
4. Allow at least 24 hours between doses.

SIDE EFFECTS TO WATCH FOR

- Mild blue tint at injection site
- Local redness
- Occasional fatigue

Semax

Nootropic & Longevity

Russian-developed ACTH (4-10) analog researched for cognition, focus, and neuroprotection. Most commonly used intranasally.

Note. Cycle to prevent receptor downregulation. Do not combine with stimulants without caution.

Vial size (typical)	10 mg (common: 5 mg, 10 mg, 30 mg)
BAC water to add	2 mL → 5.00 mg/mL (5000 mcg/mL)
Typical dose	300 – 900 mcg
Frequency	1–3x daily, cycles of 10–14 days
Route	Intranasal
Storage (reconstituted)	Refrigerate at 2–8°C. Use within 30 days. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
300 mcg	0.060 mL	6.0 units
600 mcg	0.120 mL	12.0 units
900 mcg	0.180 mL	18.0 units

RECONSTITUTION

1. Sanitize the vial stopper with an alcohol swab.
2. Draw 2 mL of bacteriostatic water into a syringe.
3. Inject slowly down the inner wall of the Semax vial.
4. Swirl gently until fully dissolved — never shake.
5. Transfer to a sterile nasal spray bottle if desired, or draw doses directly with a needle-less syringe.
6. Label vial with date and concentration (5 mg/mL at 10 mg + 2 mL).

ADMINISTRATION

1. Blow nose gently before dosing.
2. Tilt head slightly back; place dropper / spray tip just inside one nostril.
3. Administer the calculated volume (typically 1–3 drops per nostril).
4. Sniff lightly — do NOT inhale forcefully (peptide is absorbed by mucosa, not lungs).
5. Alternate nostrils between doses. Avoid blowing nose for 15+ minutes after.

SIDE EFFECTS TO WATCH FOR

- Mild nasal irritation
- Occasional headache
- Vivid dreams

Selank

Nootropic & Longevity

Synthetic analog of tuftsin researched for anxiolytic effects, stress resilience, and immune modulation. Typically intranasal.

Note. Non-sedating anxiolytic in most users. Cycle to maintain effectiveness.

Vial size (typical)	10 mg (common: 5 mg, 10 mg)
BAC water to add	2 mL → 5.00 mg/mL (5000 mcg/mL)
Typical dose	250 – 900 mcg
Frequency	1–3x daily, 10–14 day cycles
Route	Intranasal
Storage (reconstituted)	Refrigerate at 2–8°C. Use within 30 days. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
250 mcg	0.050 mL	5.0 units
575 mcg	0.115 mL	11.5 units
900 mcg	0.180 mL	18.0 units

RECONSTITUTION

1. Wipe the vial stopper with an alcohol swab.
2. Draw 2 mL of bacteriostatic water into a syringe.
3. Inject the water slowly against the inner wall of the Selank vial.
4. Swirl gently until dissolved — never shake.
5. Optionally transfer to a sterile nasal spray bottle.
6. Label with date and concentration (5 mg/mL).

ADMINISTRATION

1. Clear nasal passages gently before use.
2. Tilt head back slightly; insert dropper/spray tip into one nostril.
3. Dispense calculated volume (typically 1–3 drops per nostril).
4. Sniff lightly to keep solution in the nasal mucosa.
5. Alternate nostrils; avoid blowing your nose for 15+ minutes.

SIDE EFFECTS TO WATCH FOR

- Mild nasal irritation
- Sleepiness in some users
- Generally very well tolerated

NAD+

Also known as: Nicotinamide Adenine Dinucleotide

Nootropic & Longevity

Coenzyme essential for cellular energy and DNA repair. Researched for longevity, mitochondrial function, and recovery.

Note. Always inject slowly. Discomfort is almost always due to injecting too fast, not the dose itself.

Vial size (typical)	500 mg (common: 100 mg, 500 mg, 1000 mg)
BAC water to add	5 mL → 100.00 mg/mL (100000 mcg/mL)
Typical dose	50,000 – 100,000 mcg
Frequency	Daily or 3–5x per week in cycles
Route	Subcutaneous or IM
Storage (reconstituted)	Refrigerate immediately. Highly light-sensitive. · Shelf life: Up to 14 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
50,000 mcg	0.500 mL	50.0 units
75,000 mcg	0.750 mL	75.0 units
100,000 mcg	1.000 mL	100.0 units

RECONSTITUTION

1. Sanitize both vial stoppers with alcohol swabs.
2. Draw 5 mL of bacteriostatic water into a syringe (for a 500 mg vial → 100 mg/mL).
3. Inject slowly down the inner wall of the NAD+ vial.
4. Swirl gently — solution will be pale yellow. Never shake.
5. Wrap vial in foil or store in a dark fridge compartment. Label with date.

ADMINISTRATION

1. Subcutaneous injection in the abdomen is standard; IM in glute also used.
2. Inject VERY slowly — fast NAD+ administration causes intense flushing, chest tightness, and nausea.
3. Start with a low dose (e.g. 25–50 mg) to assess tolerance before scaling up.
4. Allow 10–15 minutes for sensations to pass; sip water and stay still.
5. Rotate sites; use a longer needle if injecting larger volumes.

SIDE EFFECTS TO WATCH FOR

- Flushing and chest pressure (dose-rate dependent)
- Nausea
- Injection-site stinging
- Transient fatigue

Glutathione

Also known as: GSH

Nootropic & Longevity

Master antioxidant tripeptide researched for detoxification, immune support, skin brightening, and oxidative stress.

Note. Pairs well with vitamin C. Discard if solution turns brown or cloudy — oxidation has occurred.

Vial size (typical)	600 mg (common: 200 mg, 600 mg, 1200 mg)
BAC water to add	3 mL → 200.00 mg/mL (200000 mcg/mL)
Typical dose	200,000 – 600,000 mcg
Frequency	2–3x per week in cycles
Route	Subcutaneous or IM
Storage (reconstituted)	Refrigerate immediately. Highly light-sensitive — store wrapped. · Shelf life: Up to 14 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
200,000 mcg	1.000 mL	100.0 units
400,000 mcg	2.000 mL	200.0 units
600,000 mcg	3.000 mL	300.0 units

RECONSTITUTION

1. Sanitize both vial stoppers with alcohol swabs.
2. Draw 3 mL of bacteriostatic water (for a 600 mg vial → 200 mg/mL).
3. Inject slowly against the inner wall of the glutathione vial.
4. Swirl gently until fully dissolved into a clear/pale solution. Never shake.
5. Wrap vial in foil and refrigerate. Label with date and concentration.

ADMINISTRATION

1. Subcutaneous injection in the abdomen is most common; IM in glute or deltoid also used.
2. Inject slowly to minimize stinging.
3. Best taken away from food and other supplements.
4. Rotate sites to prevent local irritation.
5. Use within 14 days of mixing for full potency.

SIDE EFFECTS TO WATCH FOR

- Sulfur-like odor or taste briefly post-injection
- Mild injection-site stinging
- Rare GI upset

HCG

Also known as: Human Chorionic Gonadotropin

Growth Hormone

Glycoprotein hormone that mimics LH, studied for maintaining testicular function and fertility during/after androgen use.

Note. Dosed in international units (IU). Many users prefer 250–500 IU 2–3x/week for testicular maintenance.

Vial size (typical)	5 mg (common: 5 mg, 10 mg)
BAC water to add	5 mL → 1.00 mg/mL (1000 mcg/mL)
Typical dose	250 – 1,000 mcg
Frequency	2–3x per week
Route	Subcutaneous or IM
Storage (reconstituted)	Refrigerate at 2–8°C immediately. Do not freeze. · Shelf life: Up to 60 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
250 mcg	0.250 mL	25.0 units
625 mcg	0.625 mL	62.5 units
1,000 mcg	1.000 mL	100.0 units

RECONSTITUTION

1. Sanitize both vial stoppers with alcohol swabs.
2. Common mix: 5,000 IU vial + 5 mL BAC water = 1,000 IU/mL.
3. Inject BAC water slowly down the inner wall of the HCG vial.
4. Swirl gently — never shake. Solution should be clear.
5. Label with date, IU/mL concentration, and refrigerate.

ADMINISTRATION

1. Doses are typically measured in IU, not mcg. 1 mg ≈ 17,500 IU (varies by lot).
2. Subcutaneous in abdomen is most common; IM in glute also used.
3. Use a fresh insulin syringe per injection.
4. Rotate injection sites to avoid bruising.

SIDE EFFECTS TO WATCH FOR

- Acne or oily skin (androgen-related)
- Mood changes
- Gynecomastia at high doses (estrogen conversion)
- Injection-site soreness

IGF-1 LR3

Also known as: Long R3 Insulin-like Growth Factor 1

Growth Hormone

Long-acting analog of IGF-1 researched for muscle growth, nutrient partitioning, and tissue repair.

Note. Active much longer than native IGF-1 (~20–30 hours). Always have a carb source on hand to manage hypoglycemia.

Vial size (typical)	1 mg (common: 1 mg)
BAC water to add	1 mL → 1.00 mg/mL (1000 mcg/mL)
Typical dose	20 – 80 mcg
Frequency	Daily, pre- or post-workout
Route	Subcutaneous
Storage (reconstituted)	Refrigerate at 2–8°C. Use within 2–3 weeks for full potency. · Shelf life: Up to 21 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
20 mcg	0.020 mL	2.0 units
50 mcg	0.050 mL	5.0 units
80 mcg	0.080 mL	8.0 units

RECONSTITUTION

1. Sanitize both vial stoppers with alcohol swabs.
2. Common mix: 1 mg vial + 1 mL BAC water = 1,000 mcg/mL (10 mcg per insulin unit).
3. Inject BAC water slowly down the inner wall.
4. Swirl gently — IGF is fragile. Never shake.
5. Label and refrigerate. Pre-load syringes only if used within 24 hours.

ADMINISTRATION

1. Inject subcutaneously near the muscle group being trained for localized effect, or systemically in abdomen.
2. Best timed 15–30 minutes post-workout with carbohydrate intake.
3. Start at 20 mcg/day and assess tolerance before increasing.
4. Cycle typically 4 weeks on / 4 weeks off to prevent receptor downregulation.

SIDE EFFECTS TO WATCH FOR

- Hypoglycemia (low blood sugar) — eat carbs before/after
- Joint pain or swelling
- Tingling/numbness in hands
- Localized fat loss at injection site (with daily site use)

DSIP

Also known as: Delta Sleep-Inducing Peptide

Nootropic & Longevity

Nonapeptide studied for promoting delta-wave (deep) sleep, stress reduction, and pain modulation.

Note. Short half-life means effect is felt the same night. Not a sedative — works by modulating sleep architecture.

Vial size (typical)	5 mg (common: 2 mg, 5 mg, 10 mg)
BAC water to add	2 mL → 2.50 mg/mL (2500 mcg/mL)
Typical dose	100 – 500 mcg
Frequency	Nightly, 30–60 min before bed
Route	Subcutaneous
Storage (reconstituted)	Refrigerate immediately. · Shelf life: Up to 30 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
100 mcg	0.040 mL	4.0 units
300 mcg	0.120 mL	12.0 units
500 mcg	0.200 mL	20.0 units

RECONSTITUTION

1. Sanitize both vial stoppers with alcohol swabs.
2. Common mix: 5 mg vial + 2 mL BAC water = 2,500 mcg/mL.
3. Inject BAC water slowly down the inner wall.
4. Swirl gently until fully dissolved.
5. Refrigerate and label.

ADMINISTRATION

1. Inject subcutaneously 30–60 minutes before bedtime.
2. Abdomen is the most common site.
3. Use 3–5 nights per week rather than continuously to avoid tolerance.
4. Pairs well with magnesium and good sleep hygiene.

SIDE EFFECTS TO WATCH FOR

- Vivid dreams
- Morning grogginess (if dosed too late)
- Mild headache
- Injection-site redness

Cagrilintide

Also known as: Amylin Analog

GLP-1 / Metabolic

Long-acting amylin analog studied for appetite suppression and weight loss, often stacked with GLP-1s (Cagrisema).

Note. Works on amylin receptors (different mechanism from GLP-1s), making it complementary rather than redundant.

Vial size (typical)	5 mg (common: 5 mg, 10 mg)
BAC water to add	2 mL → 2.50 mg/mL (2500 mcg/mL)
Typical dose	300 – 2,400 mcg
Frequency	Once weekly (titrate up)
Route	Subcutaneous
Storage (reconstituted)	Refrigerate immediately. · Shelf life: Up to 60 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
300 mcg	0.120 mL	12.0 units
1,350 mcg	0.540 mL	54.0 units
2,400 mcg	0.960 mL	96.0 units

RECONSTITUTION

1. Sanitize both vial stoppers with alcohol swabs.
2. Common mix: 5 mg vial + 2 mL BAC water = 2,500 mcg/mL.
3. Inject BAC water slowly down the inner wall.
4. Swirl gently until fully dissolved.
5. Refrigerate and label with date and concentration.

ADMINISTRATION

1. Inject subcutaneously in abdomen, flank, or thigh once weekly.
2. Titrate: start at 300 mcg/week, increase every 4 weeks (600 → 1,200 → 2,400).
3. Often stacked 1:1 with semaglutide (Cagrisema protocol) for synergistic effect.
4. Rotate injection sites weekly.

SIDE EFFECTS TO WATCH FOR

- Nausea (especially during titration)
- Reduced appetite / early satiety
- Constipation
- Injection-site reaction

LL-37

Also known as: Cathelicidin

Immune

Antimicrobial peptide studied for chronic infection, biofilm disruption, and immune modulation.

Note. Strong immune modulator — use cautiously with autoimmune conditions. Start low and titrate up.

Vial size (typical)	5 mg (common: 1 mg, 5 mg)
BAC water to add	2 mL → 2.50 mg/mL (2500 mcg/mL)
Typical dose	100 – 1,000 mcg
Frequency	Daily for 2–4 weeks, then assess
Route	Subcutaneous
Storage (reconstituted)	Refrigerate immediately. · Shelf life: Up to 21 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
100 mcg	0.040 mL	4.0 units
550 mcg	0.220 mL	22.0 units
1,000 mcg	0.400 mL	40.0 units

RECONSTITUTION

1. Sanitize both vial stoppers with alcohol swabs.
2. Common mix: 5 mg vial + 2 mL BAC water = 2,500 mcg/mL.
3. Inject BAC water slowly down the inner wall.
4. Swirl gently — do not shake.
5. Refrigerate and label.

ADMINISTRATION

1. Inject subcutaneously in abdomen or thigh.
2. Start at the low end (100 mcg) to assess tolerance — can cause histamine-like flushing.
3. Often used in short cycles (2–4 weeks).
4. Rotate sites to avoid local irritation.

SIDE EFFECTS TO WATCH FOR

- Flushing or warmth (histamine release)
- Fatigue (immune activation)
- Injection-site redness or itch
- Flu-like symptoms at higher doses

Oxytocin

Also known as: Bonding Hormone

Sexual Health

Neuropeptide studied for social bonding, mood, sexual function, and stress reduction.

Note. Effect is highly context-dependent. Short half-life (~3 min in blood) means timing matters.

Vial size (typical)	2 mg (common: 1 mg, 2 mg, 5 mg)
BAC water to add	2 mL → 1.00 mg/mL (1000 mcg/mL)
Typical dose	10 – 40 mcg
Frequency	As needed, up to daily
Route	Subcutaneous
Storage (reconstituted)	Refrigerate immediately. Highly fragile. · Shelf life: Up to 14 days refrigerated.

DOSE → SYRINGE UNITS (U-100)

Dose (mcg)	Volume (mL)	Units on U-100 syringe
10 mcg	0.010 mL	1.0 units
25 mcg	0.025 mL	2.5 units
40 mcg	0.040 mL	4.0 units

RECONSTITUTION

1. Sanitize both vial stoppers with alcohol swabs.
2. Common mix: 2 mg vial + 2 mL BAC water = 1,000 mcg/mL.
3. Inject BAC water slowly down the inner wall.
4. Swirl very gently — oxytocin is one of the most fragile peptides.
5. Refrigerate and label. Use a fresh needle each time to prevent contamination.

ADMINISTRATION

1. Inject subcutaneously in abdomen.
2. Effect onset within 5–15 minutes; duration ~1–2 hours.
3. Also available compounded as sublingual troches or nasal spray.
4. Avoid pre-loading syringes — oxytocin degrades quickly in plastic.

SIDE EFFECTS TO WATCH FOR

- Emotional sensitivity / tearfulness
- Drowsiness
- Mild nausea
- Headache

Thank you

The full PeptideRef app — with live calculator, dose tracker, syringe diagrams, and library updates — lives at the URL on your purchase receipt.

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