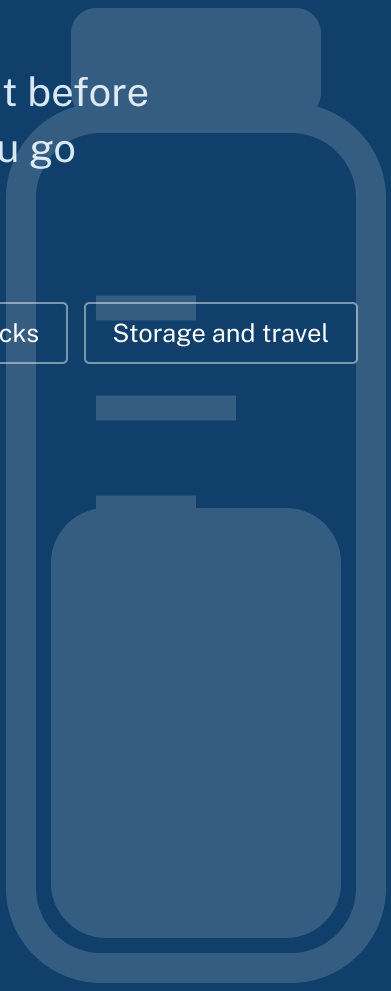
Peptide Dose Calculator

Peptide Safety and Tracking Guide

Understand what you're being offered, check it before you start, and keep a clear private record if you go ahead.

- Plain-English basics
- Decision brief
- COA and pharmacy checks
- Storage and travel
- Record keeping



Thinking about peptides, or already using them?

This guide gives you two things: a way to check a specific offer before you spend money or start anything, and a simple system for keeping your own records if you go ahead. It turns scattered claims, labels and receipts into details you can check, compare, find again and share when you need to.

Still deciding? Start with the decision brief

You don't need a vial, a provider or a purchase. Pick one specific claim, consultation, product page or offer you want to understand, and work through Part 2.

Already using one? Set up your private record

Go straight to Part 3 and the companion **Peptide Tracking Logbook**, or read Parts 1 and 2 first for background on products and sources.

"Not yet" and "no" are good outcomes

Research can lead you to go ahead, compare a different option, ask more questions or stop. The guide is worth using even if you never fill in a single log page.

What this guide is not

It doesn't recommend a product, a dose or a schedule, and it isn't medical advice. It helps you research and keep information clearly, so the conversations you have with a prescriber or pharmacist are better informed.

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Part 1 Understand

What a peptide is, why the same word covers very different products, and the names that come up most often.

1. Peptides in plain English
2. Names you're likely to see
3. Research-stage names
4. Glossary

1 Peptides in plain English

A peptide is a short chain of amino acids, the same building blocks that make up proteins.[1] The body makes many peptides itself, and some carry signals between cells: insulin, glucagon and oxytocin are familiar examples. Scientists can also make peptides, or change them so they copy, extend or alter a natural signal.

That's a description of chemistry. It says nothing about whether a product works or suits you. Two peptides can do completely different things, because their amino-acid sequences fit different receptors. And products sold as "peptide therapy" can sit in very different regulatory categories:

FDA-approved peptide medicines

Reviewed by the FDA for a specific use, formulation and group of patients, and made under federal manufacturing standards.[2]

REVIEWED FOR A SET USE

Compounded peptide drugs

Prepared by a pharmacy or outsourcing facility for a patient's needs under compounding law. Not FDA-approved, and not reviewed by the FDA for safety, effectiveness or quality before they're sold.[3]

NO PREMARKET REVIEW

"Research use only" products

Not approved medicines for people. Calling something a peptide, attaching a certificate of analysis or printing "for research use only" doesn't make it suitable for a person to use.[4]

NOT FOR HUMAN USE

The category name alone is unreliable

Marketing lists sometimes put compounds that aren't peptides at all next to peptides. For anything you're considering, write down the exact active ingredient, the formulation, how it's taken (the route), who made or compounded it, and what it's meant to be used for.

Why the category matters in practice

- **Approval follows the product, not the ingredient.** An approval covers one drug product for its labeled uses. It doesn't carry over to a compounded version, a different formulation or a different use.[5]
- **Compounding has a purpose.** It can meet a real need, for example when a patient can't take an ingredient in the approved product. Asking why a compounded product is being offered is a reasonable question, not an accusation.[5]
- **Shortages end.** Compounded copies of semaglutide and tirzepatide became widespread during national shortages. The FDA declared the tirzepatide shortage over in October 2024 and the semaglutide shortage over in February 2025, which limits when pharmacies can make copies of the approved products.[6]

2 Names you're likely to see

These examples are here to help you recognize names, not as recommendations. FDA approval belongs to a specific product and use; it doesn't transfer automatically to a compounded version, another formulation or another use.

Name or group	Why it comes up	The important distinction
Semaglutide and tirzepatide	Type 2 diabetes and weight management	FDA-approved prescription products exist for specific uses (Ozempic, Wegovy, Mounjaro, Zepbound). Compounded or other unapproved versions are not the same products.[2][7] APPROVED PRODUCTS EXIST
Tesamorelin	Growth-hormone signaling and belly-fat claims	Approved (Egrifta) to reduce excess abdominal fat in adults with HIV-associated lipodystrophy. Not approved for general weight loss.[8] NARROW APPROVAL
PT-141 / bremelanotide	Sexual-desire claims	Approved (Vyleesi) only for acquired, generalized hypoactive sexual desire disorder in certain premenopausal women. Broader "enhancement" claims go beyond that.[9] NARROW APPROVAL
BPC-157 and TB-500	Injury, gut and soft-tissue recovery marketing	Common names in the research market; neither is an FDA-approved drug. Human evidence and the quality of finished products are major unknowns. Both are on anti-doping prohibited lists.[4][10] NOT APPROVED
CJC-1295, ipamorelin, sermorelin	Growth-hormone release, recovery, sleep and body-composition marketing	Different substances with different evidence and regulatory histories. If a blend contains several, record each active ingredient separately.[4] CHECK EACH ONE
GHK-Cu	Skin, hair and wound-healing products	Creams and injections are different formulations with different evidence. Injectable GHK-Cu is not FDA-approved.[4] INJECTABLE NOT APPROVED

Competing in sport?

The World Anti-Doping Agency prohibits non-approved substances such as BPC-157 at all times, along with many growth-hormone-releasing peptides. If you're tested, check the current list and your sport's rules before using anything.[10][11]

3 Research-stage names

These names come up often in research and compounding discussions. None is an FDA-approved drug in the United States. Results in cells, animals or small human studies don't show that a product sold today is safe or effective.

Name	Why it comes up	What the evidence actually covers
KPV	Inflammation, bowel, skin and wound-healing discussions	A three-amino-acid fragment of alpha-MSH. Anti-inflammatory results come mainly from cell and mouse studies;[12] the FDA has not identified human exposure data for KPV drug products.[13]
MOTS-c	Metabolism, insulin sensitivity, exercise and healthy-aging discussions	A peptide encoded in mitochondrial DNA. Treatment results are mostly from animals;[14] measuring the body's own MOTS-c doesn't show what an injected product does.
Epitalon (epithalon)	Sleep, circadian rhythm, telomere and longevity claims	Cell studies report effects on telomerase and telomeres.[15] That isn't evidence of longer life or a treatment benefit in people.
Semax	Stroke, migraine, focus, memory and nerve-protection discussions	Human and mechanism studies are small and mostly from Russia.[16] Evidence in one setting or formulation doesn't establish general brain benefits.
DSIP (emideltide)	Sleep, opioid-withdrawal and stress discussions	Early sleep studies were tiny and gave DSIP intravenously.[17] They say nothing about today's injectable or nasal products.
MK-677 (ibutamoren) NOT A PEPTIDE	Growth hormone, body composition, recovery, appetite and sleep	A small-molecule drug that acts on the ghrelin receptor, sold beside peptides because it affects the same pathway.[18] It's unapproved, and the FDA has identified significant safety concerns.[4]

What changed in 2026, and what didn't

In July 2026 an FDA advisory committee voted to recommend adding BPC-157, TB-500, KPV, MOTS-c, Epitalon and Semax to the list of substances pharmacies may compound from, against the advice of FDA staff, and voted against DSIP.[13][19] On October 30, 2026, HHS said it won't take enforcement action against state-licensed pharmacies that compound those six for an individual patient's prescription under set conditions, while the FDA works on rules.[20] None of this is FDA approval: the products still haven't been reviewed for safety or effectiveness, and the policy doesn't cover "research use" sellers.

How to read evidence claims

Ask which **substance**, which **route** (injection, nasal, oral, skin), which **use** and which **kind of study** (cells, animals, a handful of people or a large controlled trial). A strong result for one of these doesn't transfer to another.

4 Glossary

Term	Plain-language meaning
Amino acid	A small molecule that links with others to form peptides and proteins.
Peptide	A short chain of amino acids. Its sequence and shape decide which signals in the body it can affect.
Analog	A modified version of a natural molecule, often changed so it lasts longer or acts differently.
Receptor / agonist	A receptor is a protein a signal fits into; an agonist is a molecule that switches that receptor on.
Active ingredient	The substance meant to produce the effect. More specific than a brand name or a marketing category.
Formulation and route	How a product is made up and how it gets into the body: cream, nasal spray, tablet, injection. Changing either can change the evidence and the risks.
FDA-approved use	A use backed by the reviewed label of one approved product. It doesn't automatically cover every use or every version of the ingredient.
Compounded drug	A drug prepared by a pharmacy, outsourcing facility or physician for a patient's need under the law. Not FDA-approved.[3]
Off-label use	Using an approved drug in a way its label doesn't include. A licensed prescriber may do this, but that use hasn't been approved by the FDA.
COA	Certificate of analysis: a report of specific tests on a material, sample or batch. On its own it doesn't prove your vial is genuine or cover every quality question.[21]
Lot (batch) number	The code that ties a vial to the batch it was made in. It's what recalls and test reports refer to.
Expiration date vs beyond-use date	A manufacturer's expiration date applies to an unopened product stored as labeled. A beyond-use date (BUD) is set by the compounding pharmacy for a compounded or prepared product. They're different dates and shouldn't be swapped.[22][23]
Reconstitution	Adding liquid (often bacteriostatic water) to a freeze-dried powder to make a solution.
U-100 units	The markings on an insulin syringe. On every U-100 syringe, 100 units = 1 mL. Units measure volume, not milligrams.[24]
Half-life	The time it takes for the amount of a drug in the body to fall by half.
Subcutaneous	Injected into the fatty layer just under the skin.
Excursion	Any time a product spends outside its labeled storage conditions.

Part 2 Decide

Turn a broad claim into one specific option, compare it with real alternatives, and check the source before anything changes hands.

5. Build a one-page decision brief
6. Compare exact options
7. Check the source and the vial
8. What a COA proves
9. Questions to bring

5 Evaluate one specific option at a time

"Peptides" is too broad to evaluate. If a product page, consultation, ad or friend's suggestion caught your interest, pin down exactly what it describes: the substance, product, formulation, intended use, seller or service, prescriber and dispensing pharmacy. Those details are things you can verify, compare or rule out.

Then step back from the offer. Write down what you want to improve, how you'd know it had meaningfully changed, what else could address the same goal, and what evidence exists for this exact substance, route and use. That stops a sales page or a social-media post from framing the decision for you.

Question	What to write down
What am I trying to change?	A specific symptom, function, measurement or practical outcome, not just "optimization."
What options could address it?	Peptide and non-peptide options, including FDA-approved treatments where they exist, and the option of gathering more information first.
What exactly is being proposed?	Name, formulation, route, intended use, approval status for that use, and whether it would be compounded.
What evidence applies?	Human evidence for the same substance, route and use, not evidence borrowed from another compound, an animal study or a proposed mechanism.
Who is responsible for my care?	The prescriber, the dispensing pharmacy, who you contact for follow-up, and who answers questions after you've paid or received the product.
What does the whole commitment involve?	Product, consultations, supplies, lab work, follow-up, storage, travel and disposal: their costs and what they require of you.
What's still unresolved?	Interactions, health-history concerns, side effects, monitoring, when to stop, product quality, legality, or anything only the seller has vouched for.

> **You don't have to answer everything alone**
>
> Blank or unresolved rows become a focused question list for a doctor, pharmacist, provider or pharmacy. A printable version of this brief is in the logbook.

6 Compare exact options, not the category

"Peptide" covers products with very different evidence, approval status, manufacturing controls, intended uses and risks. Compare the exact option you've been offered with realistic alternatives for the same goal.

CLINICAL FIT

- [ ] The outcome you want, and how long before you'd judge it
- [ ] FDA approval status for the proposed use
- [ ] The strongest human evidence that applies
- [ ] Common and serious risks, from an authoritative source such as the product label

PRACTICAL FIT

- [ ] Who prescribes, who dispenses and who monitors
- [ ] Up-front and ongoing costs
- [ ] Storage, supply and travel requirements
- [ ] What would make you reconsider or stop

Approved and compounded aren't interchangeable

The FDA reviews approved drugs for safety, effectiveness and quality before they're sold. Compounded drugs are not FDA-approved, and the FDA doesn't do that review before they reach patients.[3] Compounding can meet a genuine need, so it's fair to ask why a compounded product is being proposed and whether an approved product would meet the same need.[5]

> **Watch for these with weight-loss medicines**
>
> The FDA has received reports of people taking too much compounded semaglutide or tirzepatide, often from confusing units, mL and mg, or from using the wrong syringe.[25] It also warns about unapproved GLP-1 products sold online, including some labeled "for research use" or sold without a prescription.[7]

A simple side-by-side

	Option A	Option B	Option C (or "wait")
Exact product and route			
Approved for this use?			
Best human evidence			
Main risks (source)			
Who's responsible			
Total monthly cost			

7 Check the source and the vial separately

A polished website, a pharmacy name or a lab report answers only part of the question "where did this come from?" Keep these five checks apart:

1. **Seller or service**
   Legal business name, physical address, how to contact them, and the claims they made when you bought.
2. **Prescriber or provider**
   Name, professional role, the state that licenses them, and contact details, when there is one.
3. **Dispensing pharmacy**
   Name, address, phone number and license status in the relevant state, when there is one.
4. **The finished vial**
   Product name, labeled strength or quantity, lot, dates, storage wording and the condition of the packaging.
5. **Supporting documents**
   Which lot and sample a report describes, who issued it, which tests were done and when.

> **A "research use" website is not a pharmacy**
>
> A chemical supplier selling straight to consumers is not a state-licensed dispensing pharmacy. Record the seller and any pharmacy as separate entities, and don't assume the seller's wording means there's a pharmacy license or a valid prescription for you behind it. The FDA has sent warning letters to "research" peptide sellers whose marketing pointed to human use, treating the products as unapproved drugs despite "not for human consumption" labels.[26]

The FDA recommends checking an online pharmacy with the board of pharmacy in your state, and warns that sites selling prescription drugs without a prescription are a red flag.[27][28] The National Association of Boards of Pharmacy also lets you check a pharmacy website at safe.pharmacy.[29] A pharmacy license, a prescription, a certificate and a label each answer a different question; none of them settles every question about a finished product.

A practical document check

- [ ] Who issued it, and how to contact them
- [ ] Document title, ID number and version
- [ ] Product and lot or batch match your vial
- [ ] Sample-received and test dates, if shown
- [ ] Lab name, and whether it's independent of the seller
- [ ] The test method or standard named
- [ ] Specification, result and units for every test
- [ ] Authorized signature or release information
- [ ] No missing pages, attachments or referenced methods

The logbook stores a reference to each document so you can find it again. It doesn't verify the document.

8 What a COA does and doesn't prove

A certificate of analysis reports the results of specific tests on a particular material, sample or batch. FDA manufacturing guidance treats supplier certificates as one piece of a larger quality system, and expects manufacturers to confirm and periodically re-check that a supplier's certificates are reliable.[21]

Start with the match: the product, material and lot on the COA should correspond to what you received. Then read each test on its own. Identity, assay (how much is there), purity, sterility and bacterial endotoxins are separate questions. A report that shows identity or purity doesn't quietly include the tests it leaves out.

A COA CAN SHOW

- Which tests were run on a named sample or batch
- The specification and the result for each test
- Who ran them, when, and by what method

A COA DOES NOT ESTABLISH

- That the tested sample came from the vial you have
- That handling and storage were controlled after sampling
- That the finished vial was made or filled under proper conditions
- Sterility or endotoxin status, when those tests aren't reported
- That the lab is accurate or independent
- That the product suits a particular person or use
- FDA approval of the finished product

Record exactly what it supports

Write down what the COA covers and leave the other questions open. A QR code or professional layout is a way of delivering a document, not proof that anyone independently checked what it says.

9 Questions to bring to the conversation

Take these to a prescriber, pharmacist or provider. Pharmacists in particular can help with labels, interactions and side effects, and you don't need an appointment to ask.[30][31]

Q1	What exact problem is this meant to address, and what alternatives should I compare it with?
Q2	Is this exact product FDA-approved for this use? If not, what evidence supports it?
Q3	If it's compounded, why a compounded product rather than an approved one?
Q4	How do my health history, prescriptions, over-the-counter medicines and supplements affect the decision?
Q5	Which side effects or warning signs mean I should call, get seen promptly or get emergency care?
Q6	What baseline information and follow-up do I need, and who reviews the results?
Q7	Who made and dispensed the finished product, and how can I check the pharmacy's license?
Q8	Is the dose written in mg, mL or syringe units, and which syringe should I use to measure it?
Q9	What are the total ongoing costs, storage needs, supplies and travel implications?
Q10	How will we decide whether it helped, did nothing, or should be stopped?

> **Not ready to enter anything yet?**
>
> Print the blank logbook and use these questions now. Start filling it in only when you have checked information worth keeping.

Part 3 Record

If you go ahead, a careful record lets you trace every vial, separate plans from what happened, and bring facts rather than memories to your next appointment.

10. Set up a private record
11. Vials, plans and what actually happened
12. Units, mL and mg
13. Sites, wellness and lab results

10 Set up a private record

The companion **Peptide Tracking Logbook** is a printable set of record sheets. Treat it like a health record: it may hold product names, administration history, possible side effects, lab results, travel plans and contacts.

1. **Keep a blank master**
   Save the downloaded PDF unchanged so you always have clean pages to print.
2. **Make a dated working copy**
   Print the pages you need, or fill a copy on screen, and name it with the date, such as "Peptide log 2026-11-09.pdf".
3. **Protect where it lives**
   Keep paper copies somewhere private, and digital copies in a private folder on a device with a strong passcode and encryption.
4. **Back it up**
   Include the working copy in a secure backup, and photograph completed paper pages.
5. **Share selectively**
   Copy or export only what a particular conversation needs, rather than handing over the whole record.

Privacy is about access, not file names

Anyone who can open the file or pick up the binder can read it. A private folder, a protected device and a drawer that closes matter more than a discreet title. The logbook has no forms that send data anywhere; nothing you write reaches us.

10 A first setup in ten minutes

You get a useful record without filling every sheet at once.

1. **Read START HERE**
   Note the key and the safety boundary, and add your prescriber's and pharmacy's contacts.
2. **Fill in LISTS**
   Write the product names, units, routes, site labels and wellness measures you expect to use, so you use the same words every time.
3. **Add each physical vial to VIALS**
   One row per vial.
4. **Copy any plan into PLAN**
   Use the exact wording and units from the source rather than converting in your head.
5. **Log events in ADMINISTRATION LOG as they happen**
   Not from memory at the end of the week.
6. **Update SUMMARY**
   After entering data, to spot gaps and bring recent records together.

Start WELLNESS, LABS, STORAGE and TRAVEL when they become relevant. Empty sheets aren't unfinished work.

The record map

START HERE Setup, contacts, key and safety boundary.	**SUMMARY** A one-page overview you update from the other sheets.	**VIALS** One traceable record per physical vial.	**PLAN** The plan you were given, copied from its source.
ADMINISTRATION LOG What actually happened, and when.	**SITE ROTATION** Recent use of the site labels you choose.	**WELLNESS** Repeatable measures, symptoms, context, notes.	**LABS** Results kept with units, ranges and flags.
STORAGE Temperatures, incidents, guidance and actions.	**TRAVEL** Rules, supplies, storage, documents, contacts.	**LISTS** Your own terms: products, units, routes, sites, measures.	**DECISION BRIEF** The questions from Part 2, ready to fill in.

11 Build a traceable vial record

One row in VIALS is one physical vial. Reusing a row for a replacement vial breaks the link between a product, its lot, its dates and the events logged from it.

The payoff is traceability. If a lot is recalled, a label changes or a pharmacist asks what you received, the details are there in seconds. Copy straight from the label and paperwork: product or name, source or pharmacy, lot, form, dates received, opened and mixed, the label's expiration or beyond-use date, storage instructions, quantity, status, document reference and notes.

> **Expiration and beyond-use dates are different fields**
>
> Write the wording and date exactly as the source shows them. Don't substitute one term for the other, and don't calculate a new date yourself.[22]

Treat the document reference as an index, not as the evidence itself. A file name like *2026-08-06_Lot-ABC123_label-front.jpg* is far easier to trace than *IMG_4821.jpg*. Keep the original files in the same private place as the record, never edit them, and add a separate dated note if new information arrives.

Preserve uncertainty

A blank field is more useful than a confident guess. If a label shows no lot, storage range or beyond-use date, leave the field empty and note that it wasn't provided. If two documents disagree, keep both and record who cleared it up, when, and what they said.

The source says	Record	Avoid
"Refrigerate"	The exact wording and where it came from	Inventing a temperature range
No lot number shown	"Not provided" in notes	Copying the order number into the lot field
Two dates conflict	Both dates, plus a dated note of who clarified it	Picking the date that seems more likely

11 Keep the plan separate from what happened

The intention: PLAN

The plan as given to you: product, amount and unit, route, frequency or date and time, start and end, status and notes, plus where the plan came from.

The history: ADMINISTRATION LOG

What actually happened: date and time, product and vial, amount and unit, route, site label, status and notes.

Keeping them apart preserves the difference between what was planned and what was done, which makes any later review far more reliable.

- **Log soon after.** Record each event shortly after it happens.
- **Correct visibly.** If an entry is wrong, fix it while keeping the context. "Corrected 8/7: time was 8:10 p.m., not 8:10 a.m." is more useful than quietly overwriting a value when timing might matter later.
- **Keep statuses distinct.** Mark skipped and uncertain events differently from completed ones, so the history stays accurate.

12 Units, mL and mg: the most common error

Many dosing mistakes with injectable peptides come from mixing up three different measures. The FDA has received reports of people drawing several times their intended dose of compounded GLP-1 medicines this way.[25]

mg or mcg: amount of drug

How much active ingredient. 1 mg = 1,000 mcg. Doses are usually prescribed this way.

mL: volume of liquid

How much liquid. The same mg can be a large or small volume depending on concentration.

Units: syringe markings

Lines on an insulin syringe. On any U-100 syringe, 100 units = 1 mL, whatever its size.[24]

```
concentration (mg/mL) = mg in the vial ÷ total mL of solution
volume (mL)           = dose (mg) ÷ concentration
units (U-100)         = volume (mL) × 100
```

Example: 10 mg dissolved in 2 mL is 5 mg/mL. A 0.25 mg dose is 0.25 ÷ 5 = 0.05 mL, which is **5 units** on a U-100 syringe. The same 0.25 mg from a 5 mg vial in 2 mL (2.5 mg/mL) is 10 units. The number of units depends entirely on the vial and the liquid added.

- [ ] Write every dose in your PLAN with its unit exactly as prescribed: mg, mcg, mL or units.
- [ ] Record the vial's concentration, or its mg and the total mL, in VIALS.
- [ ] If a plan is in mg but you measure in units, have a pharmacist confirm the conversion once, and write it down.
- [ ] Check the syringe: insulin syringes are marked in units; other syringes are marked in mL.

Check the math

The free calculator at **peptidedosecalculator.org** shows each step of this conversion and draws the syringe. It converts a dose you've been given; it doesn't choose one.

13 Use site history as a memory aid

SITE ROTATION collects the site labels you've used in ADMINISTRATION LOG. Set the labels up in LISTS so they match the words you already use. Seeing recent use at a glance shows patterns before memory gets unreliable. What's appropriate for you comes from the product's instructions or professional advice.[32]

In the administration notes, describe what you can observe, the same way each time:

- What you noticed: redness, swelling, tenderness, bruising, or no reaction
- When it started and how long it lasted
- Whether it changed
- Any photo or document you want to keep with it

MedlinePlus advises calling a provider for redness, swelling, red streaks or fever at an injection site.[33] Describe, don't diagnose: avoid writing a conclusion like "allergy" unless a health professional recorded it that way.

Record wellness without assigning a cause

WELLNESS is built for repeatable observations. Pick a few measures that matter to you, then use the same scale and roughly the same time each time. One consistent weekly entry compares far better than several differently worded notes written only when something feels off.

RECORD	REVIEW
Your chosen measure and scale, symptoms, timing, duration, context and free-text notes.	Consistent entries over time, using the same measure, scale and approximate timing.

A consistent timeline makes for a better conversation. A trend can show that two things changed over the same period; it can't show that one caused the other.

> **When a log isn't the next step**
>
> If a symptom is severe, getting worse or worrying you, get appropriate medical care rather than waiting for a pattern. For an emergency, call 911. For a possible overdose or wrong dose, call Poison Control at 1-800-222-1222.[34] The product label and a health professional can tell you which warning signs matter for that product.

13 Keep lab results exactly as reported

Lab reports use different units, methods, flags and reference ranges. LABS keeps each result together with the context printed on its report.

Field	What to keep
Test	The name exactly as reported
Date	Collection date or report date, chosen once and used consistently
Result	The value and its unit, without converting
Reference	The lab's low and high values and any flag, exactly as printed
Document	A file name or reference that leads back to the full report
Notes	Fasting or not, time of day, which lab, or other context from the report

Leave the reported unit and reference range unchanged. If a later report uses a different unit, enter it as a new row. That keeps every entry traceable to its report and avoids comparing results that aren't measured the same way.

The report is the source

Keep the original report. A copied row is handy for spotting trends, but the report holds method notes, comments and details the log doesn't. Lab testing is optional and isn't needed to use this guide; results need interpretation by a qualified professional.

Part 4 Store, travel, share

Follow each product's own storage instructions, treat travel as a separate checklist, and share short, accurate summaries.

14. Storage and temperature excursions
15. Travel as its own project
16. Share a short, accurate summary
17. Quick-start checklist and record map
18. Limits, emergencies and reporting

14 Follow the product's own storage instructions

There's no universal storage rule for injectable peptides. Requirements differ by product, formulation and packaging, and change once a vial is opened or mixed. Copy the instructions that came with each vial into VIALS, and use STORAGE to record conditions and incidents that matter.[32]

Copy the exact label wording instead of shortening it to "keep cold." The temperature range, light protection, "do not freeze" warnings, container requirements and instructions after opening or mixing are the facts a pharmacist or manufacturer needs to judge a problem.

Document a temperature excursion

An excursion is time spent outside the product's storage conditions. When one happens, or might have, write down the facts before asking for product-specific advice.[35]

WHAT HAPPENED

- When you found it
- Earliest possible start and latest end
- Known highest or lowest temperature, with unit
- Location and container
- Any visible change (cloudiness, particles, frozen, cracked)

WHAT FOLLOWED

- Product and lot
- Who you contacted (pharmacist, manufacturer, provider)
- Date of contact
- The advice they gave
- What you did

Write "unknown" when you don't know

If you can't establish the duration or temperature, say so rather than filling the gap with an average room temperature. A pharmacist, health professional or manufacturer can then judge the excursion from the facts that exist.

15 Treat travel as its own project

Travel adds three separate questions: is the product allowed into your destination and any country you pass through, will airport security allow the supplies, and can the labeled storage conditions be kept? A yes to one doesn't answer the others.

1. **Map the route**
   List every destination and transit country in `TRAVEL`.
2. **Check the official rules**
   Note the authority or embassy you checked and the date.[36]
3. **Copy the label**
   Keep the product's storage requirement word for word.
4. **Inventory supplies**
   Vials, syringes, cooling supplies, documents and a travel-size sharps container.
5. **Plan transport and close open questions**
   How you'll carry it, how you'll keep the temperature, and emergency contacts. Settle every open question before you leave and keep the source of each answer.

What official sources say

- **International:** the CDC and the State Department advise checking rules for every destination, keeping medicines in their original labeled containers, carrying copies of prescriptions, and bringing a letter from your prescriber for injectable medicines. Some countries ban medicines that are legal in the U.S., and transit countries can have their own rules.[37][36]
- **U.S. airports:** TSA allows unused syringes when they're with injectable medication, and you should tell the officer about them. Medically necessary liquids over the usual 3.4 oz limit are allowed in reasonable quantities; declare them, and expect extra screening.[38][39] These are screening rules; they don't make a product legal to own, import or use.

> **"Cold" isn't a temperature plan**
>
> Keep temperature-sensitive items with you and follow the product's own instructions. Don't assume a hotel fridge, the hold of a plane, a car, ice packs or direct contact with ice will keep the required range. Record temperatures and any excursion, and get product-specific advice if the range wasn't kept.

Put used needles and other sharps in a sharps container straight after use, and follow local disposal rules. Carry a travel-size container when you're away from home.[40]

16 Share a short, accurate summary

An up-to-date medicine list helps health professionals spot interactions, recognize side effects and make sense of other results. The FDA recommends keeping and sharing a list of all prescription and over-the-counter medicines, vitamins and supplements, not just one kind of product.[41]

Before an appointment or call, put together a focused summary:

- [ ] Everything you take now: name, strength, route and source
- [ ] Relevant vial and lot details
- [ ] Actual dates and amounts from the administration log
- [ ] New or changing symptoms, with timing
- [ ] Relevant lab reports and unaltered results
- [ ] Storage excursions or travel events that could matter
- [ ] Original labels, instructions and documents
- [ ] A short list of questions

Share the extract, keep the original

Remove unrelated personal details before sharing a page or photo. Keep the full record intact, so the shared extract and the source never get mixed up.

17 Quick-start checklist

- [ ] Save a blank master copy of the logbook and start a private working copy.
- [ ] Read START HERE and fill in LISTS.
- [ ] Add one row per physical vial in VIALS, with its concentration or mg and mL.
- [ ] Copy the plan you were given into PLAN, with its units exactly as written.
- [ ] Record what actually happens in ADMINISTRATION LOG.
- [ ] Set site labels in LISTS and review them in SITE ROTATION.
- [ ] Choose a small, consistent set of WELLNESS measures.
- [ ] Copy LABS results, units, ranges and flags exactly.
- [ ] Copy label storage conditions into VIALS and log incidents in STORAGE.
- [ ] Settle destination, transit, screening and storage questions in TRAVEL.
- [ ] Update SUMMARY to catch missing or time-sensitive records.
- [ ] Back up the record and update it when anything changes.

Record map: what each sheet does, and doesn't, decide

Sheet	What belongs there	What it doesn't decide
START HERE	Setup, contacts, key, privacy and safety boundary	Product or treatment decisions
SUMMARY	Current products, recent activity, upcoming dates, recent sites, selected measures	Effectiveness, safety or cause
VIALS	One vial per row: source, lot, concentration, dates, label storage, documents	Authenticity, legitimacy or whether it's usable
PLAN	The plan you were given and its source	Amount, frequency, route or duration
ADMINISTRATION LOG	What happened, when, which vial, amount, route, site, status	Whether an event was appropriate
SITE ROTATION	Recent use of your site labels	Which sites are suitable
WELLNESS	Measures, symptoms, possible side effects, context	Whether a product caused a change
LABS	Results, units, ranges, flags, source documents	Diagnosis or interpretation
STORAGE	Temperatures, excursions, advice received, actions	Whether a product is still usable
TRAVEL	Rules, supplies, storage, documents, contacts	Permission, legality or stability
LISTS	Your own terms and settings	Medical defaults

18 Limits, emergencies and reporting

What this guide and logbook are

An organizational record. They don't give medical advice, diagnose a condition, recommend a peptide, set a dose or schedule, interpret lab results, verify a product or establish its legal status. They can't replace the original label, a pharmacist, a health professional, the manufacturer, an airline, or destination and customs authorities.

Medical emergency

Call 911 for trouble breathing, swelling of the face or throat, chest pain or fainting.

Possible overdose or wrong dose

Poison Control: 1-800-222-1222. Free, confidential and open 24 hours a day.[34]

Side effect or medication error

Call your prescriber or pharmacist first for advice about what to do next.[30]

Reporting a problem

FDA MedWatch. Anyone can report a side effect, product problem or medication error to the FDA online or by phone at 1-800-FDA-1088.[42]

Guide updated November 2026. Peptide Dose Calculator is an independent site. It doesn't sell anything, link to sellers or recommend doses. Sources are listed on the next pages; corrections are welcome at the contact address on peptidedosecalculator.org.

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