Peptide Dose Calculator

Peptide Tracking Logbook

Printable record sheets for vials, plans, what actually happened, sites, wellness, lab results, storage and travel. Companion to the Peptide Safety and Tracking Guide.

Print what you need

One vial per row

Plan separate from history

Nothing leaves your hands



START HERE

Name: _____
Record started: ____ / ____ / ______

Keep a blank copy of this PDF as your master, and print or fill a dated working copy. Each sheet has a heading that matches the guide. Print extra copies of the log pages as you fill them, and number them.

Key used on every log

✓ Done as planned S Skipped C Changed (write what changed) ? Not sure (explain in notes)

NP Not provided on the label or document

Contacts

Role	Name	Phone	Email, portal or address
Prescriber or provider			
Dispensing pharmacy			
Pharmacy license (state, number)			
Primary care			
Seller or service, if separate			
Emergency contact			
Poison Control	Poison Help line	1-800-222-1222	poisonhelp.hrsa.gov
Emergency	911		

Where the files live

Working copy location	
Photos and documents folder	
Backup location and date	

Safety boundary

This logbook organizes information. It doesn't recommend a product, set a dose or schedule, interpret results or verify a product. If a symptom is severe, getting worse or worrying, get medical care instead of waiting for a pattern.

LISTS

Write the terms you'll use, then use the same words on every sheet.

Products (exact name and active ingredient)

Units you'll see

mg	mcg
mL	units (U-100)

Routes

Subcutaneous injection	Nasal
Oral	Topical

Site labels

A	
B	
C	
D	
E	
F	

Use the labels and areas from your product's instructions or your prescriber.

Wellness measures (pick a few; keep the scale the same every time)

#	Measure	Scale or unit	When I'll record it
1			
2			
3			
4			

Example: "Energy, 0–10, Sunday morning" or "Weight, lb, Monday before breakfast".

DECISION BRIEF

One specific option per sheet · Date: ____ / ____ / ______

What am I trying to change? (a specific symptom, function, measurement or outcome)	
What options could address it? (including approved treatments, non-peptide options and "gather more information first")	
Exact product name	**Active ingredient(s)**
Formulation and route	**Intended use**
FDA-approved for this use? Yes / No / Unsure	**Compounded? Yes / No / Unsure**
What human evidence applies to this substance, route and use? (source)	
Prescriber or clinician	**Dispensing pharmacy**
Follow-up contact after purchase	**Total monthly cost (product, visits, labs, supplies)**
Storage, travel and disposal requirements	
Still unresolved (interactions, health history, side effects, monitoring, stopping point, quality, legality)	

Every blank or unresolved box is a question for a prescriber, pharmacist or provider.

SOURCE AND DOCUMENT CHECK

Product: _____ Lot: _____

Check	Details	How I verified it, and when
1. Seller or service	Legal name, address, contact, claims at purchase:	
2. Prescriber or provider	Name, role, licensing state, contact:	
3. Dispensing pharmacy	Name, address, phone, state license (checked with the state board):	
4. Finished vial	Name, labeled strength or quantity, lot, dates, storage wording, packaging condition:	
5. Supporting documents	Which lot and sample, who issued it, tests, dates:	

Certificate of analysis checklist

- ☐ Issuer and contact information
- ☐ Document title, ID and version
- ☐ Product and lot match my vial
- ☐ Sample-received and test dates
- ☐ Lab named; independent of the seller?
- ☐ Test method or standard named
- ☐ Specification, result and units for each test
- ☐ Signature or release information
- ☐ No missing pages or attachments

Test	Reported?	Specification	Result and unit
Identity			
Assay (amount)			
Purity			
Sterility			
Bacterial endotoxins			
Other			

A COA covers the sample it describes. Write down what it supports and leave the rest open.

SUMMARY

Updated: ____ / ____ / ______

Current products

Product	Vial #	Amount and unit, as prescribed	How often	Last given	Next planned

Dates to watch

What (expiration, beyond-use date, refill, lab, appointment, trip)	Date	Notes

Recent sites

Measures to watch

Missing details to follow up

VIALS

One row per physical vial · copy from the label, never guess · page ____

#	Product / active ingredient	Source / pharmacy	Lot	Form	mg in vial + total mL (= mg/mL)	Received	Opened / mixed	Expiration or BUD (as written)	Storage (exact label words)	Status	Document ref.

Status: unopened, in use, finished, discarded, returned, recalled. Expiration (manufacturer) and beyond-use date (pharmacy) are different; write whichever the label shows, in its words.

PLAN

The plan as given to you, in its own words and units · page ____

Product	Amount + unit (as written)	Units to draw (confirmed by)	Route	How often / days / time	Start	End or review	Status	Source of plan (who, date)	Notes

If the plan is in mg and you measure in units, have a pharmacist confirm the conversion once and note who confirmed it. Changes go in a new row with the date; keep the old one.

ADMINISTRATION LOG

What actually happened · ✓ done · S skipped · C changed · ? not sure · page ____

Date	Time	Product	Vial #	Amount + unit	Units drawn	Route	Site	Status	Notes: what you observed, when it began, how long, did it change, photo ref.

Correct mistakes visibly: "Corrected 8/7: time was 8:10 p.m., not 8:10 a.m." Describe what you see; don't diagnose.

SITE ROTATION

Mark the date each time a site label is used · labels from LISTS · page ____

Site label	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												

Recent use is a memory aid. Which sites are appropriate, and how far apart, comes from the product's instructions or your prescriber.

WELLNESS

Same measures, same scale, about the same time · page ____

Date	Time	Measure 1: _____	Measure 2: _____	Measure 3: _____	Measure 4: _____	Symptoms (start, how long)	Context (sleep, illness, travel, new medicine)	Notes

A trend shows that things changed at the same time, not that one caused the other.

LABS

Copy exactly as printed; a new unit means a new row · page ____

Test (as reported)	Date (collected / reported)	Result	Unit	Ref. low	Ref. high	Flag	Lab	Document ref.	Notes (fasting, time, context)

STORAGE

Location: _____ · Thermometer: _____

Temperature checks

Date	Time	Reading + unit	Min / max (if shown)	In labeled range?	Notes

Excursion report

Product and lot	**Vial #**
Discovered (date, time)	**Earliest possible start / latest end (or "unknown")**
Highest or lowest temperature + unit (or "unknown")	**Location and container**
Visible changes (cloudy, particles, frozen, cracked, none)	
Who I contacted (pharmacist, manufacturer, provider)	**Date contacted**
Advice received, and what I did	

TRAVEL

Trip: _____ · Dates: _____

Route and rules

Country or stop	Destination or transit	Authority or embassy checked	Date checked	Result

Pack

- [ ] Vials in original labeled containers
- [ ] Syringes and needles (with the medication)
- [ ] Cooling supplies and a thermometer
- [ ] Travel-size sharps container
- [ ] Copies of prescriptions
- [ ] Prescriber letter for injectable medicine
- [ ] Storage instructions, word for word
- [ ] This logbook or a summary page

Plan

Labeled storage	
How I'll carry it	
Temperature plan	
Airport: declare at screening	Yes / No
Local pharmacy at destination	
Emergency number there	

Open questions, answered before I leave

Question	Answer	Source and date

VISIT SUMMARY

For: _____ · Date: ____ / ____ / ______

Everything I take now (prescription, over-the-counter, vitamins, supplements, peptides)

Name	Strength	Amount + unit	Route	How often	Source

Relevant vials and lots
New or changing symptoms, with timing
Relevant lab results (bring the reports)
Storage problems or travel events

My questions

Share only what this conversation needs. Keep the full record intact.