



GOAL-BASED STARTING GUIDE



PEPTIDE CALCULATOR — The Best in the Industry

Auto-calculates exact syringe units for any vial size + solvent volume combination. Free to use on the AminoForge homepage.

aminoforge.vegas



FAT LOSS

Start → Semaglutide

Semaglutide Beginner

Tirzepatide Intermed

Retatrutide Advanced

ADD-9604 Stack

5-Amino-1Mq Stack

Cagrilintide Stack



HEALING

Start → BPC-157

BPC-157 Beginner

TB-500 Intermed

GHK-Cu Stack

KPV Anti-inflam

ARA-290 Neuroprot

Wolverine Blend Advanced



GH / BODY COMP

Start → CJC + Ipamorelin

Ipamorelin Beginner

CJC-1295 No DAC Stack

Sermorelin Alt

Tesamorelin Advanced

IGF-1 LR3 Advanced

CJC-1295 w/ DAC Alt



COGNITION

Start → Selank or Semax

Selank Beginner

Semax Beginner

DSIP Sleep/Neuro

Dihexa Advanced

Pinealon Advanced

Cerebro Protein Advanced



LONGEVITY

Start → NAD+ or Epitalon

NAD+ Beginner

Epitalon Intermed

MOTS-C Intermed

GHK-Cu Stack

SS-31 Advanced

FOXO4-DRI Advanced



IMMUNE

Start → Thymosin Alpha-1

Thymosin Alpha-1 Beginner

Glutathione Antioxidant

Thymalin Intermed

VIP Advanced

GLOW Blend Stack

KLOW Blend Stack



SKIN / BODY

Start → GHK-Cu

GHK-Cu Beginner

SNAP-8 Topical

BPC-157 Stack

SLU-PP-332 Advanced

Melanotan 1 Skin

PT-141 Libido



PROTOCOL RULES

Always follow these first:

✓ Start ONE compound at a time

✓ Use lowest dose initially

✓ Confirm tolerance before stacking

✓ COA-verified ≥99% purity only

✓ Log every dose & observation

✓ Consult your research protocol



MASTER COMPOUND REFERENCE — PART 1 OF 2

COMPOUND	CATEGORY	VIAL SIZE	TYPICAL SOLVENT VOL.	STARTING DOSE	STANDARD DOSE	SYRINGE UNITS*	TIMING NOTE	FREQUENCY	CYCLE PROTOCOL	HALF-LIFE
Semaglutide	GLP-1	5 mg	2 mL	0.25 mg	0.5–2.4 mg	20 units	AM, per protocol	1× / week	Until goal — taper off	~7 days
Tirzepatide	GLP-1	10 mg	2 mL	0.5 mg	2.5–15 mg	10 units	AM, per protocol	1–3× / week	Until goal — taper off	~5 days
Retatrutide	GLP-1	10 mg	2 mL	0.5 mg	1–12 mg	10 units	AM, per protocol	1–3× / week	Until goal — taper off	~6 days
AOD-9604	FAT LOSS	5 mg	2 mL	150 mcg	300 mcg	12 units	AM, per protocol	5 on / 2 off	8 wk on · 8 wk off	~30 min
5-Amino-1MQ	FAT LOSS	10 mg	2 mL	500 mcg	500 mcg–1 mg	10 units	AM	Daily	8 wk on · 4 wk off	~hrs
BPC-157	HEALING	5 mg	2 mL	200 mcg	250–500 mcg	10 units	Split AM & PM	Daily	8–12 wk on · 4–8 wk off	~4 hrs
TB-500	HEALING	5 mg	2 mL	2 mg	2–2.5 mg	80 units	Per protocol	2× / week	8–12 wk on · 4–8 wk off	2–3 days
GHK-Cu	HEALING	100 mg	2 mL	1 mg	1–2 mg	2 units	Per protocol	Daily	8 wk on · 8 wk off	~hours
KPV	HEALING	5 mg	2 mL	500 mcg	500 mcg–1 mg	20 units	Per protocol	Daily	4–8 wk on · 4 wk off	~hrs
Wolverine Blend	HEALING BLEND	10 mg	2 mL	500 mcg	500 mcg–1 mg	10 units	Per protocol	Daily or 5/2	8–12 wk on · 4–8 wk off	Varies
GLOW Blend	HEALING BLEND	70 mg	2 mL	—	2,330 mcg (10 units)	10 units	Per protocol	Daily	4 wk on · 2–4 wk off	Varies
KLOW Blend	HEALING BLEND	80 mg	3 mL	—	2,670 mcg (10 units)	10 units	Per protocol	Daily	4–6 wk on · 2–4 wk off	Varies
CJC-1295 No DAC	GH AXIS	5 mg	2 mL	100 mcg	200–300 mcg	8 units	PM, per protocol	5 on / 2 off	8 wk on · 8 wk off	~30 min
CJC-1295 w/ DAC	GH AXIS	2 mg	2 mL	1 mg	1–2 mg	100 units	Per protocol	1–2× / week	8 wk on · 8 wk off	~8 days
Ipramorelin	GH AXIS	10 mg	2 mL	100 mcg	200–300 mcg	4 units	PM, per protocol	5 on / 2 off	8 wk on · 8 wk off	~2 hrs
Sermorelin	GH AXIS	10 mg	2 mL	200 mcg	200–500 mcg	4 units	PM, per protocol	5 on / 2 off	8 wk on · 8 wk off	~10 min
Tesamorelin	GH AXIS	10 mg	2 mL	1 mg	1–2 mg	20 units	AM, per protocol	5 on / 2 off	8 wk on · 4 wk off	~25 min
IGF-1 LR3	GH AXIS	1 mg	1 mL	20 mcg	20–60 mcg	2 units	Post-workout window	Daily	4–6 wk on · 4 wk off	20–30 hrs

* Syringe units based on typical solvent volumes shown. Actual units depend on solvent volume used. Use the [AminoForge Peptide Calculator at aminoforge.vegas](#) for any custom combination. Timing notes reflect common research protocols — consult your specific protocol for correct conditions.



MASTER COMPOUND REFERENCE — PART 2 OF 2

COMPOUND	CATEGORY	VIAL SIZE	TYPICAL SOLVENT VOL.	STARTING DOSE	STANDARD DOSE	SYRINGE UNITS*	TIMING NOTE	FREQUENCY	CYCLE PROTOCOL	HALF-LIFE
Epitalon	LONGEVITY	50 mg	2.5 mL	5 mg	5-10 mg	25 units	PM	Daily × 10 days	10 days · 2-3× per year	Short
MOTS-C	LONGEVITY	40 mg	2 mL	5 mg	5-10 mg	25 units	AM	1× every 3 days	8-12 wk on · 4 wk off	~hours
NAD+	LONGEVITY	500 mg	5 mL	100 mg	100-500 mg	100 units	AM	Daily	Continuous or 12 wk / 4 off	~hours
SS-31	LONGEVITY	50 mg	3 mL	5 mg	5-10 mg	30 units	AM	Daily	4-8 wk on · 4 wk off	~4 hrs
FOXO4-DRI	LONGEVITY	10 mg	2 mL	1 mg	1-2 mg	20 units	Per protocol	3 days / month	Monthly 3-day block	Short
Thymosin Alpha-1	IMMUNE	10 mg	2 mL	1 mg	1.6 mg	32 units	AM	5 on / 2 off	8 wk on · 4 wk off	~2 hrs
Thymalin	IMMUNE	10 mg	2 mL	2 mg	2 mg	40 units	AM / PM	Daily × 10-20 days	10-20 days · 2-3× per year	Short
VIP	IMMUNE/NEURO	10 mg	2 mL	50 mcg	50-150 mcg	1-3 units	Per protocol	Daily or per protocol	Per research protocol	~1 min
Selank	COGNITIVE	10 mg	2 mL	150 mcg	250-300 mcg	5 units	AM	Daily or 5/2	4-8 wk on · 4 wk off	~minutes
Semax	COGNITIVE	10 mg	2 mL	200 mcg	200-600 mcg	4 units	AM	Daily or 5/2	4-8 wk on · 4 wk off	~minutes
DSIP	SLEEP/NEURO	15 mg	3 mL	100 mcg	100-300 mcg	2 units	PM before sleep	Daily or 3-5×/wk	4-8 wk on · 4 wk off	~minutes
Dihexa	COGNITIVE	10 mg	2 mL	1 mg	1-5 mg	20 units	AM	Daily	4-8 wk on · 4 wk off	~days
PT-141	LIBIDO/SEXUAL	10 mg	2 mL	500 mcg	500 mcg-1.75 mg	10-35 units	On-demand, per protocol	On-demand · max 1×/24hr	Max ~8×/month	~2.7 hrs
Kisspeptin-10	REPRO/HORMONE	10 mg	2 mL	100 mcg	100-200 mcg	2 units	AM or pulsatile	Daily or pulsatile	8-12 wk on · 4 wk off	~minutes
Melanotan 1	SKIN/PIGMENT	10 mg	2 mL	250 mcg	500 mcg-1 mg	10 units	Per protocol	Daily (loading) → 2×/wk (maint)	8 wk on · 4 wk off	~2-3 hrs
Melanotan 2	SKIN/PIGMENT	10 mg	2 mL	250 mcg	250-1,000 mcg	5-20 units	Per protocol	Daily (loading) → 2×/wk (maint)	8 wk on · 4 wk off	~33 min

* Syringe units based on typical solvent volumes shown. Actual units depend on solvent volume used. Use the [AminoForge Peptide Calculator at aminoforge.vegas](https://aminoforge.vegas) for any custom combination. Timing notes reflect common research protocols — consult your specific protocol for correct conditions.



THE GOLDEN FORMULA

THREE FORMULAS — KNOW THESE COLD

$$\text{Concentration (mg/mL)} = \text{Vial mg} \div \text{Solvent mL added}$$

$$\text{Volume to draw (mL)} = \text{Dose mg} \div \text{Concentration (mg/mL)}$$

$$\text{Syringe units} = \text{Volume (mL)} \times 100 \quad [\text{U-100 syringe}]$$

STEP-BY-STEP RECONSTITUTION PROTOCOL

- Gather supplies:** Peptide vial, solvent of choice, U-100 syringe, alcohol swabs, sharps container, label. Bacteriostatic Water is the typical solvent — consult your protocol for the correct solvent for each compound.
- Swab both stoppers** with alcohol. Let dry 30 full seconds. Never touch stoppers after cleaning.
- Draw solvent:** Pull plunger to desired mL. Push air into solvent vial, invert, draw the solvent.
- Add to peptide vial slowly:** Angle needle so solvent runs down the inside glass wall.
- Mix gently:** Roll slowly between palms 20–30 seconds. Solution should be clear.
- Label immediately:** Compound name · Concentration · Date reconstituted · Discard date.
- Store per your protocol.** Consult compound-specific storage requirements.

CRITICAL RECONSTITUTION ERRORS

- ✗ **Using the wrong solvent** — not all peptides use the same solvent. Consult your protocol.
- ✗ **Cloudy or particulate solution** — stop use immediately. Indicates contamination or degradation.
- ✗ **No label on the vial** — impossible to safely track concentration or discard date.

RECONSTITUTION REFERENCE TABLE

VIAL SIZE	SOLVENT ADDED	CONCENTRATION	5	10	20	50
			UNITS (0.05 ML)	UNITS (0.1 ML)	UNITS (0.2 ML)	UNITS (0.5 ML)
1 mg	1 mL	1 mg/mL	50 mcg	100 mcg	200 mcg	500 mcg
2 mg	1 mL	2 mg/mL	100 mcg	200 mcg	400 mcg	1,000 mcg
2 mg	2 mL	1 mg/mL	50 mcg	100 mcg	200 mcg	500 mcg
5 mg	1 mL	5 mg/mL	250 mcg	500 mcg	1,000 mcg	2,500 mcg
5 mg	2 mL	2.5 mg/mL	125 mcg	250 mcg	500 mcg	1,250 mcg
5 mg	5 mL	1 mg/mL	50 mcg	100 mcg	200 mcg	500 mcg
10 mg	1 mL	10 mg/mL	500 mcg	1,000 mcg	2,000 mcg	5,000 mcg
10 mg	2 mL	5 mg/mL	250 mcg	500 mcg	1,000 mcg	2,500 mcg
10 mg	5 mL	2 mg/mL	100 mcg	200 mcg	400 mcg	1,000 mcg
20 mg	2 mL	10 mg/mL	500 mcg	1,000 mcg	2,000 mcg	5,000 mcg

Consult your specific protocol for correct solvent and volume for each compound. Use the AminoForge Peptide Calculator at aminoforge.vegas for any custom calculation.

UNIT CONVERSIONS

MASS

- ▶ 1 gram (g) = 1,000 milligrams (mg)
- ▶ 1 milligram (mg) = 1,000 micrograms (mcg)
- ▶ 1 microgram (mcg) = 1,000 nanograms (ng)

VOLUME — U-100 SYRINGE

- ▶ 1 mL = 100 units (full syringe)
- ▶ 0.5 mL = 50 units
- ▶ 0.1 mL = 10 units
- ▶ 0.01 mL = 1 unit (1 tick mark)



HALF-LIFE REFERENCE GUIDE

COMPOUND	HALF-LIFE	DOSING FREQUENCY IMPLICATION	COMMON TIMING NOTE
Sermorelin	~10-12 min	Very short — daily administration per protocol	PM, per research protocol
CJC-1295 No DAC	~25-30 min	Short — daily administration to maintain pulse	PM, per research protocol
Tesamorelin	~25 min	Short — daily administration	AM, per research protocol
AOD-9604	~30 min	Short — daily administration	AM, per research protocol
Ipramorelin	~2 hrs	Moderate — 1-2× daily protocols common	AM and/or PM, per protocol
Thymosin Alpha-1	~2 hrs	Moderate — 5×/week protocols standard	AM, per research protocol
BPC-157	~4 hrs	Moderate — split dosing common in research	AM & PM, per protocol
TB-500	2-3 days	Long — 2×/week commonly researched	Per protocol — not timing sensitive
IGF-1 LR3	20-30 hrs	Long — once daily protocols common	Post-workout window common in research
CJC-1295 w/ DAC	~8 days	Very long — 1-2×/week protocols; accumulates	Per protocol — timing flexible
Tirzepatide	~5 days	Very long — weekly protocols standard	Per protocol — consistent weekly day
Semaglutide	~7 days	Very long — weekly protocols standard	Per protocol — consistent weekly day
Retatrutide	~6 days	Very long — weekly or 3×/week protocols	Per protocol — consistent weekly day

PURITY & QUALITY STANDARDS

PURITY LEVEL	GRADE	WHAT IT MEANS	AMINOFORGE
≥99% HPLC	GOLD STANDARD	Less than 1% impurities. Tightest QC. Most reliable research data.	✓ Our Standard
≥98% HPLC	ACCEPTABLE	Industry minimum for research. Always verify with a COA.	✓ Acceptable
95-97%	BELOW STANDARD	Higher impurity load. Inconsistent results.	X Avoid
<95% or Unknown	REJECT	No research value. Do not use.	X Never Use

✓ HOW TO VERIFY PEPTIDE QUALITY

- ▶ **Request the COA** — any legitimate vendor provides a certificate of analysis immediately. If they can't, don't buy.
- ▶ **HPLC + Mass Spectrometry** — HPLC confirms purity percentage. MS confirms molecular identity. Both should be present.
- ▶ **Third-party testing** — in-house testing is not independent verification. Look for an external lab name on the COA.
- ▶ **Batch-specific COA** — should match the specific lot number of your order, not a generic company document.
- ▶ **Visual check** — lyophilized peptides should be white or off-white powder. Unusual color or strong odor indicates a quality concern.
- ▶ **AminoForge COA library** — all batch COAs available at aminoforge.vegas/coa

WELCOME10

10% off your first order at aminoforge.vegas · ≥99% purity · COA on every batch · Ships within 48 hours