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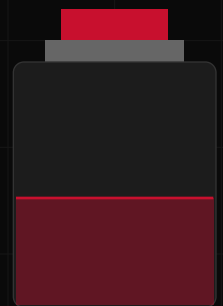
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POCKET REFERENCE.

Reconstitution math · dosing tables · syringe conversions
for the research-curious.

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- 02 U-100 syringe reference
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A QUICK NOTE.

I built Mrs. Peptide because I got tired of watching people stumble through reconstitution math in forums, hoping they didn't shave a zero off the wrong number.

This pocket reference is what I wish existed when I started: the math, the conversions, and the dosing references in one place — no fluff, no hype, no lifestyle marketing.

Use it as a quick-glance reference at the bench, not as a substitute for understanding what you're doing or for the guidance of a qualified professional.

If it helps one person work with confidence instead of guesswork, it's done its job.

Jeannette

FOUNDER · MRS. PEPTIDE · ROMAN VITUS LLC

// HOW TO USE THIS GUIDE

- Start with the math (page 3) so the rest makes sense.
- Use the conversion tables (pages 4-6) for quick reference at the bench.
- The peptide quick reference (pages 7-9) summarizes commonly cited research dosing.
- All calculations on these pages assume U-100 insulin syringes.

RECONSTITUTION MATH, BROKEN DOWN.

Three pieces of information, three formulas. Once you understand these, every dose calculation becomes a two-step process.

01

CONCENTRATION

vial mg ÷ water mL
= mg per mL

How strong your solution is.

02

VOLUME

dose mg ÷ concentration
= mL needed

How much liquid to draw.

03

UNITS (U-100)

volume mL × 100
= units to draw

On the syringe.

// EXAMPLE BPC-157 STANDARD PREP

5 mg vial + 2 mL bacteriostatic water → 250 mcg dose

Step 1.	Concentration	$5 \text{ mg} \div 2 \text{ mL}$	$= 2.5 \text{ mg/mL}$
Step 2.	Convert dose to mg	$250 \text{ mcg} \div 1,000$	$= 0.25 \text{ mg}$
Step 3.	Volume needed	$0.25 \text{ mg} \div 2.5 \text{ mg/mL}$	$= 0.10 \text{ mL}$
Step 4.	Units on U-100	$0.10 \text{ mL} \times 100$	$= 10 \text{ units}$

Tip: pick a BAC water volume and stick with it across vials. Consistency makes the math predictable.

UNITS & VOLUME REFERENCE.

U-100 insulin syringes are calibrated so 100 units = 1 mL. This makes drawing tiny peptide doses dramatically more precise than a 1 mL syringe with broader graduations.



// TABLE UNITS TO mL

UNITS	mL	UNITS	mL
5	0.05	50	0.50
10	0.10	60	0.60
15	0.15	70	0.70
20	0.20	75	0.75
25	0.25	80	0.80
30	0.30	90	0.90
40	0.40	100	1.00

Note on U-40 syringes

U-40 syringes (40 units = 1 mL) are common in veterinary research. Multiply mL × 40 for units.

DOSE UNIT QUICK MATH.

1 mg = 1,000 mcg. Most peptide research dosing is given in micrograms (mcg) for accuracy at small amounts. Multiply mg \times 1,000 to convert to mcg, or divide mcg \div 1,000 to get mg.

// TABLE COMMON CONVERSIONS

mg \rightarrow mcg

0.05 mg	50 mcg
0.10 mg	100 mcg
0.15 mg	150 mcg
0.20 mg	200 mcg
0.25 mg	250 mcg
0.30 mg	300 mcg
0.50 mg	500 mcg
0.75 mg	750 mcg
1.00 mg	1,000 mcg
1.50 mg	1,500 mcg
2.00 mg	2,000 mcg
5.00 mg	5,000 mcg

TYPICAL DOSE EXAMPLES

BPC-157	250-500 mcg
TB-500	2-5 mg
CJC-1295	100 mcg
Ipamorelin	100-300 mcg
Tesamorelin	1-2 mg
Sermorelin	200-500 mcg
Retatrutide	2-12 mg
Semaglutide	0.25-2.4 mg
Tirzepatide	2.5-15 mg
AOD-9604	250-500 mcg
NAD+	50-100 mg
Glutathione	200-600 mg

Reference dosing observed in research literature. Always confirm against primary sources.

VIAL + WATER CONCENTRATION TABLES.

Pre-calculated concentrations for common vial sizes and BAC water volumes. Find your row, read across to see what concentration you're working with — this is the number you'll divide your dose into.

// TABLE CONCENTRATION BY VIAL & BAC WATER (mg/mL)

VIAL ↓	1 mL	2 mL	3 mL	4 mL	5 mL
BAC WATER →					
1 mg	1.00	0.50	0.33	0.25	0.20
2 mg	2.00	1.00	0.67	0.50	0.40
5 mg	5.00	2.50	1.67	1.25	1.00
10 mg	10	5.00	3.33	2.50	2.00
15 mg	15	7.50	5.00	3.75	3.00
20 mg	20	10	6.67	5.00	4.00
50 mg	50	25	17	12	10
100 mg	100	50	33	25	20

All values shown are concentration in mg/mL.

Tip: more BAC water = more dilute = more units to draw for the same dose. Pick a volume and standardize.

DOSING AT A GLANCE.

Reference dosing observed in research literature. Educational use only.

BPC-157

Body Protection Compound

DOSE 250-500 mcg
FREQ 1-2x daily
HALF ~4 hr
VIAL/BAC 5 mg / 2 mL

Studied in tissue repair and GI integrity research.

TB-500

Thymosin Beta-4 fragment

DOSE 2-5 mg
FREQ 2x weekly
HALF ~2 hr
VIAL/BAC 10 mg / 2 mL

Frequently co-referenced with BPC-157.

CJC-1295

GHRH analog (no DAC)

DOSE 100 mcg
FREQ 1x daily
HALF ~30 min
VIAL/BAC 5 mg / 2 mL

Often co-administered with Ipamorelin.

Ipamorelin

Selective GH secretagogue

DOSE 100-300 mcg
FREQ 1-3x daily
HALF ~2 hr
VIAL/BAC 5 mg / 2 mL

Selective; minimal cortisol elevation.

Tesamorelin

Long-acting GHRH

DOSE 1-2 mg
FREQ Daily
HALF ~26 min
VIAL/BAC 10 mg / 2 mL

Studied in visceral adipose research.

Sermorelin

GHRH 1-29

DOSE 200-500 mcg
FREQ Nightly
HALF ~12 min
VIAL/BAC 5 mg / 2 mL

Earlier-generation GHRH analog.

DOSING AT A GLANCE.

Reference dosing observed in research literature. Educational use only.

Hexarelin

GH secretagogue

DOSE 100 mcg
FREQ 1-2x daily
HALF ~70 min
VIAL/BAC 5 mg / 2 mL

Receptor desensitization noted.

GHRP-2

GH releasing peptide

DOSE 100-300 mcg
FREQ 1-3x daily
HALF ~30 min
VIAL/BAC 5 mg / 2 mL

Mild cortisol elevation observed.

GHRP-6

GH releasing peptide

DOSE 100-300 mcg
FREQ 1-3x daily
HALF ~30 min
VIAL/BAC 5 mg / 2 mL

Notable appetite stimulation reported.

Retatrutide

Triple-G receptor agonist

DOSE 2-12 mg
FREQ Weekly
HALF ~6 days
VIAL/BAC 10 mg / 2 mL

Investigational metabolic compound.

Semaglutide

GLP-1 agonist

DOSE 0.25-2.4 mg
FREQ Weekly
HALF ~7 days
VIAL/BAC 5 mg / 2 mL

Research protocols use gradual escalation.

Tirzepatide

GLP-1/GIP dual agonist

DOSE 2.5-15 mg
FREQ Weekly
HALF ~5 days
VIAL/BAC 10 mg / 2 mL

Research protocols use gradual escalation.

DOSING AT A GLANCE.

Reference dosing observed in research literature. Educational use only.

AOD-9604

HGH fragment 176-191

DOSE **250-500 mcg**
FREQ **Daily AM**
HALF **~30 min**
VIAL/BAC **5 mg / 2 mL**

Lipolytic fragment in metabolic research.

NAD+

Nicotinamide adenine dinucleotide

DOSE **50-100 mg**
FREQ **Daily/cycle**
HALF **Variable**
VIAL/BAC **100 mg / 2 mL**

SubQ discomfort noted in research.

Epitalon

Pineal tetrapeptide

DOSE **5-10 mg**
FREQ **Daily x 10-20d**
HALF **Short**
VIAL/BAC **10 mg / 2 mL**

Cycled administration in research.

MOTS-c

Mitochondrial peptide

DOSE **5-10 mg**
FREQ **2-3x weekly**
HALF **Hours**
VIAL/BAC **10 mg / 2 mL**

Mitochondrial-derived research peptide.

GHK-Cu

Copper tripeptide

DOSE **1-2 mg**
FREQ **Daily**
HALF **Hours**
VIAL/BAC **50 mg / 5 mL**

Topical and SubQ research routes.

IGF-1 LR3

Long Arg-3 IGF-1

DOSE **20-50 mcg**
FREQ **Daily**
HALF **~20 hr**
VIAL/BAC **1 mg / 2 mL**

High potency — precise dosing required.

STORAGE & BEST PRACTICES.

Proper storage preserves peptide integrity. Reconstituted peptides degrade with time, heat, light, and rough handling — these guidelines reflect standard research-laboratory practice.

// TABLE STORAGE QUICK REFERENCE

Lyophilized vial (sealed)	Freezer (-20°C)	12-24 months
Reconstituted vial	Refrigerated (2-8°C)	~30 days
Light exposure	Avoid direct light	Keep in vial box
Heat exposure	Avoid temps over 25°C	Cool transport only
Reconstituted shaking	Swirl gently – do not shake	Vigor breaks bonds

// TIPS RECONSTITUTION DO'S & DON'TS

DO

- ✓ Use bacteriostatic water (0.9% benzyl alcohol)
- ✓ Add water down the side of the vial
- ✓ Swirl gently to dissolve fully
- ✓ Refrigerate within 30 min
- ✓ Use a clean U-100 insulin syringe
- ✓ Standardize your BAC water volume
- ✓ Label vials with reconstitution date
- ✓ Check for clarity before drawing

DON'T

- ✗ Use regular saline or sterile water
- ✗ Inject water directly onto powder
- ✗ Shake vigorously — proteins are fragile
- ✗ Leave at room temp for hours
- ✗ Use a 1 mL syringe for tiny doses
- ✗ Mix multiple compounds in one vial
- ✗ Use after 30+ days reconstituted
- ✗ Trust mental math — always verify

READ THIS BEFORE USE.

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Reconstitution math, dosing tables, and references for the research-curious.

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