AOD-9604

RECONSTITUTION & DOSING RESEARCH PROTOCOL

AOD-9604 (Advanced Obesity Drug) is a synthetic 16-amino acid peptide fragment derived from the C-terminal end of human growth hormone (hGH, specifically residues 176–191). It was engineered to isolate hGH's fat-burning properties—stimulating lipolysis (fat breakdown) and inhibiting lipogenesis (fat accumulation)—without triggering unwanted growth-hormone side effects like altered blood sugar or elevated insulin-like growth factor 1 (IGF-1).

1. RECONSTITUTION MATH & SETUP

Because AOD-9604 is a delicate peptide compound, proper liquid volume calculation ensures precise measurement on a standard insulin syringe (where 100 units = 1 mL). For a **2 mg (2,000 mcg) vial**, adding **2 mL of Bacteriostatic (BAC) Water** creates a perfect 1:1 concentration ratio:

> ***Concentration = 2,000 mcg / 2 mL = 1,000 mcg per mL***

2. DOSING CHART (2 MG VIAL / 2 ML BAC WATER)

TARGET DOSE (MCG)	SYRINGE VOL. (ML)	INSULIN SYRINGE UNITS
100 mcg	0.10 mL	**10 Units**
200 mcg	0.20 mL	**20 Units**
250 mcg	0.25 mL	**25 Units**
300 mcg	0.30 mL	**30 Units**
400 mcg	0.40 mL	**40 Units**
500 mcg	0.50 mL	**50 Units**

3. RECONSTITUTION PROTOCOL

1. **Sanitize Everything**
   Pop the plastic caps off both the BAC water and the 2 mg AOD-9604 vial. Thoroughly clean both rubber stoppers with an alcohol swab and allow them to air dry fully.
2. **Draw Bacteriostatic Water**
   Using a sterile syringe, draw exactly 2.0 mL of bacteriostatic water from the source vial.
3. **Inject Gently Down the Wall**
   Insert the needle through the center of the AOD-9604 rubber stopper at a slight angle. Slowly trickle the liquid down the inside glass wall of the vial. Do not spray directly onto the lyophilized powder cake.
4. **Equalize Vial Pressure**
   Before removing the needle, let the syringe equalize pressure by drawing a matching volume of air out if needed, stabilizing the inner vacuum to prevent future draw issues.

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Dissolve by Swirling

Gently roll and swirl the vial between your palms until the powder completely dissolves and the liquid is perfectly clear. **Never shake the vial**, as violent movement can denature the peptide bonds.

4. LITERATURE DOSING & TIMING PROTOCOLS

TIER	DAILY DOSAGE	RESEARCH APPLICATION
Starting / Baseline	250 mcg – 300 mcg	Initial phase to evaluate systemic tolerance.
Standard Range	300 mcg – 500 mcg	Primary active range evaluated for adipose tissue mobilization.

THE "EMPTY STOMACH" TIMING RULE

AOD-9604 performance is highly dependent on ambient insulin levels. In research literature, it is typically administered first thing in the morning upon waking. Protocols strictly dictate fasting for **at least 30 to 60 minutes** after administration before consuming any calories or coffee. Food intake triggers an insulin spike, which immediately suppresses lipolysis and blunts the specific fat-mobilization pathway of the peptide.

STORAGE & STABILITY GUIDELINES

Once reconstituted, AOD-9604 becomes highly fragile and temperature-sensitive. Keep it refrigerated between **2°C to 8°C (36°F to 46°F)** at all times. Do not freeze. Reconstituted solutions generally retain stability for **30 to 45 days** when kept strictly cold and away from direct light.