CJC-1295 (No DAC) + Ipamorelin

Reconstitution & Dosing Protocol (10mg Blend)

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When working with a **10mg blend vial** of CJC-1295 (without DAC) and Ipamorelin, the formulation typically follows a 1:1 ratio, delivering 5mg of CJC-1295 and 5mg of Ipamorelin concurrently. This reference outline provides standard guidelines for reconstitution accuracy and research dosing configurations.

1. Reconstitution Protocol

To establish a stable, calculable volume, **2.0 mL of Bacteriostatic (BAC) Water** serves as the configuration standard for a total 10mg peptide mass.

Step 1: Sterilization *(Prep Vials)*
Thoroughly wipe the rubber stoppers of both the BAC water vial and the peptide vial using a fresh isopropyl alcohol swab. Allow them to air-dry completely.

Step 2: Liquid Allocation *(Draw BAC Water)*
Using a sterile syringe, draw exactly 2.0 mL of Bacteriostatic water from the source vial.

Step 3: Controlled Dilution *(Slow Injection)*
Insert the needle into the peptide vial at an angle. Direct the steady stream of BAC water smoothly against the interior glass wall rather than forcing it directly onto the lyophilized powder. Let the fluid slide downward gradually.

Step 4: Integration *(Dissolve)*
Gently swirl the vial in a circular motion until the powder dissolves fully and clear clarity is achieved. Do not shake the vial vigorously, as shearing forces can easily denature delicate peptide chains.

2. Dosing & Syringe Calculations

Reconstituting a 10mg peptide mass into a 2mL volume generates a concentration profile of $\mathbf{5{,}000\ mcg/mL}$. When utilizing standard **U-100 Insulin Syringes (1.0mL / 100 Units)**, measurement markers translate to the absolute values below:

Target Dose (Total Blend)	Component Equivalents	Syringe Mark Allocation	Yield Per Vial
200 mcg (Standard Saturation)	100 mcg CJC / 100 mcg IPA	**4 Units**	50 Doses
300 mcg (Moderate Level)	150 mcg CJC / 150 mcg IPA	**6 Units**	33 Doses
400 mcg (High Level)	200 mcg CJC / 200 mcg IPA	**8 Units**	25 Doses

> **Measurement Note**
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> Because standard saturation tracking requests a minimal volume step (4 Units), utilize half-unit marked syringes when available to optimize operational alignment and reduce incremental variances.

3. Administration Guidelines

- **Timing Windows:** Routinely administered 1 to 2 times daily. Preferred periods are immediately prior to nocturnal sleep cycles or early upon waking in the morning.
- **Fasting Protocols:** Administration requires strict fasting conditions. Avoid food intake, focusing especially on carbohydrates and lipid sources, for a minimum of 2 hours prior to and 30 minutes following administration to avoid blunting natural growth hormone release.
- **Cycle Rotation:** Frequently applied via a 5-days-on, 2-days-off weekly sequence to support long-term pituitary sensitivity management.
- **Storage Stability:** Secure the mixture inside a specialized environment between $2°C - 8°C$ immediately post-mix. Potency holds reliable stability boundaries for roughly 4 to 6 weeks under clean refrigeration.