DR. ANDREW SIMON, ND
SEATTLENATURALDOCTOR.COM

The Peptide Companion

A before-you-start guide and private record system

For people considering or already using peptide therapy — how to evaluate claims, verify sources, track what happens, and bring your clinician a record worth reading.

EDUCATION, NOT A PRESCRIPTION · PAIRS WITH THE EXCEL TRACKING WORKBOOK

HOW TO USE THIS TOOLKIT

Considering peptides — or already using them?

This toolkit gives you two tools that do different jobs:

1 · This guide (before you start). Identify the exact product being offered, compare it honestly with alternatives, understand its regulatory status, and prepare focused questions before spending money or beginning anything.

2 · The Excel workbook (if you proceed). A private, eleven-sheet record for products, plans, actual administrations, observations, labs, storage, and travel — kept on your own device.

Together they turn scattered claims and records into details you can check, compare, find again, and share with your clinician when it matters. Neither tool recommends a product, dose, or schedule; both help you research and preserve information more clearly.

> **Why I'm giving you this.** Peptides sit in one of the most hyped, least quality-controlled corners of modern wellness. My rule in clinic is the same as in this guide: label every claim honestly — strong, moderate, limited, or preliminary — and never let marketing stand in for evidence. If you bring me a well-kept record, we can make real decisions together.

– Dr. Andrew Simon, ND, BCB · Rebel Med NW, Seattle

Peptides in plain English

Peptides are short chains of amino acids — the same small building blocks used to make proteins. Your body makes many peptides naturally; insulin, glucagon, and oxytocin are familiar examples. Scientists can also make or modify peptides so they imitate, extend, or alter a biological signal.

That definition describes chemistry, not whether a product works or is appropriate. Two peptides can have completely different effects because their sequences bind different receptors. And products sold under the broad label “peptide therapy” sit in very different regulatory categories: some are FDA-approved prescription drugs, some are compounded medications prepared for a specific patient, and some are research-stage chemicals never approved for human use.

Unlike anabolic steroids, which directly replace or override a hormone, many therapeutic peptides work upstream — prompting your body's own systems to act. That specificity is the appeal. It is not a guarantee of safety or effectiveness.

ORIENTATION, NOT RECOMMENDATION

Common names you may encounter

FDA approval applies to a specific drug product and use; it does not transfer automatically to a compounded version, a different formulation, or another use.

NAME OR GROUP	WHY IT COMES UP	IMPORTANT DISTINCTION
Semaglutide & tirzepatide	Diabetes and weight management (GLP-1 / GIP signaling).	FDA-approved prescription products exist for specific indications. Compounded or other unapproved versions are not the same products.
Tesamorelin	Growth-hormone signaling; abdominal-fat claims.	FDA-approved to reduce excess abdominal fat in adults with HIV-associated lipodystrophy — not a general fat-loss or anti-aging approval.
Sermorelin	A growth-hormone-releasing analog used in wellness clinics.	Prescribed via compounding; not FDA-approved as a marketed drug product for wellness or anti-aging uses.
Ipamorelin / CJC-1295	The common "secretagogue pair" in performance circles.	Research-stage compounds; no FDA-approved product. Human outcome data are limited.
BPC-157	Tissue, tendon, and gut-repair discussions.	Animal-model evidence dominates; no FDA-approved product. FDA has flagged safety-data gaps for compounded use.
TB-500 (thymosin β4 fragment)	Soft-tissue recovery discussions; often paired with BPC-157.	Research-stage; not an FDA-approved drug. Sports bodies prohibit it in competition.
PT-141 (bremelanotide)	Sexual-health signaling.	An FDA-approved product exists for one specific indication in premenopausal women; other uses and compounded versions differ.
GHK-Cu	Copper peptide for skin and wound-healing claims.	Mostly cosmetic/topical evidence; injectable use is a different, unapproved category.

Research-stage names

These names are common in research and compounding discussions: **KPV** (anti-inflammatory fragment of alpha-MSH), **MOTS-c** (mitochondrial/metabolic), **Epitalon** (longevity and sleep research), **Semax** (cognitive), **DSIP** (sleep), and **MK-677** (an oral secretagogue that is not actually a peptide). None is an FDA-approved drug in the United States. Findings in cells, animals, or small human studies do not establish that a marketed product is safe or effective.

The July 2026 FDA advisory votes, plainly. An FDA advisory committee recommended six ingredients (BPC-157, KPV, TB-500, MOTS-c, Epitalon, Semax) for the Section 503A compounding bulks list and did not recommend DSIP. These were advisory votes about compounding access — not drug approvals — and final FDA decisions remain pending. Access rules have not changed.

SPEAK THE LANGUAGE

A small glossary

TERM	PLAIN-LANGUAGE MEANING
Peptide	A short chain of amino acids. Sequence and shape determine which signals it can affect.
Analog	A modified version of a natural molecule, often changed to last longer or act differently.
Receptor / pathway	The docking site a signal binds, and the chain of downstream effects it triggers.
Agonist / antagonist	A compound that activates a receptor — or blocks it.
Secretagogue	A compound that prompts your body to release a hormone it already makes.
Half-life	How long a compound stays active enough to matter; drives dosing cadence.
Active ingredient	The substance intended to produce an effect — more specific than a brand or category.
Formulation & route	How a product is prepared and enters the body (cream, nasal, oral, injection). Changing either changes the evidence and the risk.
Reconstitution	Mixing freeze-dried peptide powder with bacteriostatic water so it can be measured.
Subcutaneous	Injected into the fatty layer under the skin — not muscle, not a vein.
IGF-1	The blood marker most often used to track growth-hormone-axis peptides.
COA	Certificate of Analysis — a lab report on a specific product lot. Read closely; see below.
Compounded drug	A medication prepared for a specific patient by a licensed pharmacy. Not FDA-reviewed for safety, effectiveness, or quality before marketing.
“Research use only”	A label meaning the product is not approved, prepared, or quality-controlled for human use.

BEFORE ANY MONEY CHANGES HANDS

Evaluate one specific option at a time

Turn a broad claim about “peptides” into one specific option you can evaluate. If a product page, consultation, advertisement, or recommendation prompted your interest, identify exactly what it describes: the substance, product, formulation, intended use, seller or service, prescriber, and dispensing pharmacy. Those details give you something concrete to verify, compare — or reject.

Then step back from the offer and write down: what you want to improve, how you would recognize a meaningful change, what other options could address the same goal, and what evidence applies to this exact substance, route, and use. Blank or unresolved fields become a focused question list for your clinician or pharmacist — you do not need to answer everything alone.

Compare the exact options, not the category

“Peptide” covers products with very different evidence, approval status, manufacturing controls, and risks. Compare the exact option being offered with realistic alternatives for the same goal.

CLINICAL FIT	PRACTICAL FIT
— Intended outcome and a defined evaluation period — FDA approval status for the proposed use — Strongest applicable human evidence — Common and serious risks from an authoritative source	— Who prescribes, dispenses, and follows up — Total recurring cost: product, visits, labs, supplies — Storage, handling, and travel burden — What “stop” looks like, and who decides

Sellers, pharmacies, and “research use only”

A direct-to-consumer chemical supplier labeling products “for research use” is not a state-licensed dispensing pharmacy. Record and evaluate the seller and the pharmacy as separate entities; do not assume a seller's terminology establishes pharmacy licensure or a lawful patient-specific prescription. FDA recommends checking an online pharmacy through the relevant state board of pharmacy — and notes that compounded drugs are not FDA-reviewed for safety, effectiveness, or quality before marketing.

READING THE PAPERWORK

What a COA does — and does not — establish

A Certificate of Analysis describes tests performed on a specific lot and sample. Start with the match: the product, material, and lot on the COA should correspond to what you received. Then read the individual tests. Identity, assay/content, purity, sterility, and bacterial endotoxin are different questions — a report containing an identity result does not silently include tests that are absent.

A COA does not establish:

- That the tested sample came from the vial in your possession
- That custody and storage were controlled after sampling
- That the finished vial was manufactured or filled under appropriate conditions
- Sterility or endotoxin status when those tests are not reported
- The accuracy or independence of the issuing laboratory

Preserve the document, note the issuer and dates, and let your clinician or pharmacist interpret gaps.

The eleven-sheet workbook, mapped

SHEET	WHAT BELONGS THERE	WHAT IT DOES NOT DECIDE
START HERE	Setup, legend, privacy, safety boundary.	Product or treatment decisions.
DASHBOARD	Summaries of the records you entered.	Effectiveness, safety, causation.
VIALS	One traceable record per physical vial: source, lot, dates, label storage.	Authenticity or legitimacy.
SCHEDULE	A plan you entered or copied from your source.	What the plan should be.
ADMINISTRATION LOG	What actually happened — when, vial, amount, route, site, status.	Whether an event was appropriate.
SITE ROTATION	Recent use of your configured site labels.	Anatomical or product suitability.
WELLNESS	A small, consistent set of observations and possible side effects.	Diagnosis or causation.
LABS	Results exactly as reported: units, ranges, flags, laboratory.	Interpretation.
STORAGE	Conditions, excursions, guidance received, action taken.	Whether a product is still usable.
TRAVEL	Destination rules, supplies, documents, transport plan.	Legal advice.
LISTS	Your own labels, units, routes, and dropdown options.	—

TEN MINUTES, ONCE

First setup, and the habits that make it work

— **Keep a blank master.** Save the original download unchanged, then work in a dated copy (e.g. “Peptide Toolkit — 2026-08-23.xlsx”) in a private, encrypted, backed-up folder.

— **Personalize LISTS first:** product names, units, routes, site labels, wellness measures.

— **One row per physical vial** in VIALS — copy label wording exactly, including storage and beyond-use dates.

— **Preserve any plan in SCHEDULE** — copy wording and units from the source instead of converting in your head.

— **Record reality in ADMINISTRATION LOG** as it happens, including skipped or delayed doses.

— **Review DASHBOARD** after entry to spot missing details and dates needing review.

Separate the plan from the history

SCHEDULE holds intent. ADMINISTRATION LOG holds what actually happened. Keeping them separate is what makes patterns and important dates visible later — and it is exactly the structure a clinician can actually use.

Preserve uncertainty

A blank field is more useful than a confident guess. If a label lacks a lot number or storage range, leave the field blank and note “not provided.” If two documents conflict, preserve both versions and record who clarified the discrepancy, when, and what they said.

SOURCE SAYS	RECORD	AVOID
“Refrigerate”	The exact wording, plus the source.	Inventing a temperature range.
Lot field is blank	“Not provided” in Notes.	Copying an order number into Lot.
Two dates conflict	Both dates and a dated clarification.	Choosing the date that seems plausible.

Labs: copy them exactly

Laboratory reports use different units, methods, flags, and reference ranges. Enter each result exactly as reported — value, unit, low/high, flag, laboratory — with no conversions. Commonly relevant panels include **IGF-1** (the readout for growth-hormone-axis peptides), an inflammatory marker such as **hs-CRP**, and a **comprehensive metabolic panel** for liver and kidney safety monitoring — at baseline and again during use. At Rebel Med NW we order and interpret these in the context of your full history.

COLD CHAIN & CARRY-ON

Storage: follow the product's own instructions

There is no universal storage rule for injectable peptides. Requirements differ by product, formulation, packaging, and whether a vial has been mixed or opened. Copy the exact label wording into VIALS — the stated range, light protection, freezing warning, and after-opening instructions give a pharmacist the facts needed to assess an excursion. When an excursion happens, log the times, temperatures, source of guidance, and the action you took in STORAGE.

Travel: verify before you fly

— Check official rules for every destination and transit country; record the authority or embassy source and the date checked.

— Keep medicines in original labeled containers and carry prescription copies (CDC & U.S. State Department guidance).

— TSA permits unused syringes with injectable medication and medically necessary liquids — declare them for separate screening.

— Inventory vials, syringes, cooling supplies, documents, and a travel-size sharps container in TRAVEL, with a transport plan.

Share a concise record with your clinician

FDA recommends keeping and sharing a complete list of prescription medicines, nonprescription medicines, vitamins, and supplements — not just one category. Before a visit, prepare: every product currently used (name, strength, route, source), relevant vial and lot details, actual dates and amounts from the log, new or changed symptoms with timing, and unmodified lab reports. That one page makes your visit dramatically more useful.

When a spreadsheet is not the next step. If a symptom is severe, worsening, or concerning — chest pain, breathing trouble, signs of infection at an injection site, an allergic reaction — use urgent or emergency care rather than waiting for a pattern to appear in a workbook.

PRINT THIS PAGE

Quick-start checklist

- Save a blank master and a private, dated working copy.
- Review START HERE; customize LISTS.
- Enter one row per physical vial in VIALS.
- Preserve any plan in SCHEDULE.
- Record actual events in ADMINISTRATION LOG.
- Configure site labels; review SITE ROTATION.
- Choose a small, consistent set of WELLNESS measures.
- Copy LABS results, units, ranges, and flags exactly.
- Copy label storage conditions into VIALS; log issues in STORAGE.
- Resolve destination, screening, and storage questions in TRAVEL.
- Review DASHBOARD for missing or time-sensitive records.
- Back up the file; update it when something changes.

How we approach peptides at the clinic

Dr. Simon's practice reviews peptide questions the same way this guide does: one specific option at a time, graded honestly. Where an FDA-approved product fits your goal, that path comes first. Where a compounded option is legally available and clinically reasonable, it is prescribed only with informed consent about evidence limits, sourced through licensed pharmacies, and monitored with labs. And where the honest answer is "this one isn't ready," you'll hear exactly that. Bring this toolkit to a visit and we'll build the plan around your record — in person in Seattle or by telemedicine in Washington.

Book at seattlenaturaldoctor.com/contact · (206) 297-6013 · Rebel Med NW, 5401 Leary Ave NW Suite 202, Ballard

WHY YOU CAN TRUST THIS

Sources & further reading

Claims in this guide follow the public sources below, selected for authority and relevance. Access dates: August 2026.

· U.S. FDA — Create and Keep a Medication List for Your Health. fda.gov/consumers/consumer-updates/create-and-keep-medication-list-your-health

· U.S. FDA — Understanding the Risks of Compounded Drugs. fda.gov/drugs/human-drug-compounding

· U.S. FDA — Certain Bulk Drug Substances for Use in Compounding That May Present Significant Safety Risks. fda.gov/drugs/human-drug-compounding

· U.S. FDA — Pharmacy Compounding Advisory Committee meeting materials, July 23–24, 2026. fda.gov/advisory-committees

· U.S. FDA — How to Buy Medicines Safely From an Online Pharmacy (BeSafeRx). fda.gov/drugs/besaferx-your-source-online-pharmacy-information

· U.S. FDA — Egrifta WR (tesamorelin) approval letter and labeling. accessdata.fda.gov

· CDC — Travelers' Health: Traveling with Medications. wwwnc.cdc.gov/travel

· U.S. Department of State — Medicine and Health guidance for international travel. travel.state.gov

· TSA — Unused Syringes / Medication screening rules. tsa.gov/travel/security-screening

· NIH National Library of Medicine — peptide and secretagogue research listings. pubmed.ncbi.nlm.nih.gov

This guide is adapted for Dr. Andrew Simon's practice from a public consumer peptide-safety toolkit and typeset in the Seattle Natural Doctor brand. It is educational only; it does not create a physician-patient relationship, and it is not medical, legal, or travel advice. Individual decisions belong in a visit with a licensed clinician who knows your history.