Peptide Resource Hub

ASSESSMENT DATE

February 8, 2026

Personalized Peptide Assessment

AI-Powered Analysis • Educational Research Summary • Provider Discussion Guide

`Assessment ID: ASM-2026-0208-JQDY`

CLIENT	AGE / SEX	TIMELINE
John Doe	**40 • Male**	**60-90 Days**

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Important Safety Considerations

This assessment identified factors requiring additional medical oversight: **Severe autoimmune condition.** Please discuss these with your healthcare provider before beginning any peptide protocol.

Extra caution: Immunosuppressants

Immunomodulating peptides require extra caution with immunosuppressants; your provider should oversee any protocol.

Assessment Summary

Primary Concern:	Body Composition / Fat Loss
Conditions:	High blood pressure
Current Medications:	Testosterone
Important:	Severe autoimmune condition requires medical oversight
Goal Focus:	Research categories and peptides below are for discussion with your provider

Why These Peptides Were Recommended

The following rationale is based on your stated goal, your answers, and evidence-informed category mapping. This is educational decision-support for your provider -- not medical advice.

Recommended Research Categories

Appetite & Signaling Peptides

Help regulate hunger and satiety signals

Retatrutide • Semaglutide • Tirzepatide • Cagrilintide • Reta + Cagrilintide

Growth Hormone Optimization Peptides

Support natural growth hormone production

Ipamorelin • Tesamorelin • Sermorelin Acetate • CJC-1295 (no DAC) • CJC-1295 (w/ DAC)

Selection Rationale

GLP-1/GIP/Glucagon Agonists
Recommended for metabolic and appetite-signaling support aligned with your Body Composition / Fat Loss goal. FDA-approved options exist; research-use compounds require provider oversight.

Cagrilintide & Combination
Targets the amylin pathway, offering a distinct mechanism from GLP-1 agonists. The Retatrutide + Cagrilintide combination targets multiple metabolic pathways for broad coverage.

Ipamorelin
Selected as a baseline GH secretagogue for its clean GH pulse without significant cortisol or prolactin elevation. Preferred for body composition and recovery goals.

Tesamorelin
GHRH analog with FDA history (HIV-associated lipodystrophy), offering provider familiarity. Distinct mechanisms from GHRPs.

Sermorelin Acetate
Short GHRH fragment supporting pulsatile GH release. Can be used alongside or as an alternative to Ipamorelin.

CJC-1295 Variants
GHRH analogs that complement GHRPs. No-DAC variant supports pulsatile dosing; DAC variant provides sustained GH elevation with less frequent dosing.

Optimized Protocol for Provider Review

[illegible]

Peptide	Dosage	Frequency	Route	Cycle
Retatrutide	Per Rx (research)	Weekly	SubQ	Ongoing / provider
Semaglutide	Per prescription	Weekly	SubQ	Ongoing / provider
Tirzepatide	Per prescription	Weekly	SubQ	Ongoing / provider
Cagrilintide	Discuss w/ provider	--	--	Provider directed
Reta + Cagrilintide	Per Rx (research)	Weekly	SubQ	Ongoing / provider
Ipamorelin	200-500 mcg	1-2x daily (fasted)	SubQ	8-16 weeks
Tesamorelin	Discuss w/ provider	--	--	Provider directed
Sermorelin Acetate	250-500 mcg	Nightly	SubQ	6-12 months
CJC-1295 (no DAC)	250-500 mcg	w/ Ipamorelin	SubQ	8-16 weeks
CJC-1295 (w/ DAC)	250-500 mcg	1-2x weekly	SubQ	8-16 weeks

[illegible]

Phased Protocol Approach

Phase 1 (Weeks 1-4): Start with 1-2 peptides (e.g., Ipamorelin + CJC-1295 no DAC or BPC-157 for recovery).
Phase 2 (Weeks 5-8): Add next tier (e.g., Epithalon cycling or GHK-Cu).
Phase 3 (Weeks 9+): Introduce remaining options based on Phase 1 response.

[illegible]

Lab Monitoring Recommendations

GH-related peptides: IGF-1, fasting glucose, insulin, HbA1c
Metabolic / GLP-1 peptides: Glucose, HbA1c, lipids
Recovery / immune peptides: Baseline inflammatory markers if indicated

Reconstitution & Storage

Use the Peptide Resource Hub Calculator in the app for vial size, BAC water volume, and concentration per tick. Store reconstituted peptides per manufacturer guidance (typically refrigerated; use within stated stability window). Never use after expiry or if clarity changes.

Peptide Research Profiles

CLINICAL

Retatrutide (GLP-1/GIP/Glucagon Triple Agonist)

Per prescription (research-phase dosing in trials)

A GLP-1/GIP/glucagon triple agonist with strong human clinical data for weight loss and metabolic improvement. Represents a latest-generation breakthrough in incretin therapy.

Potential Benefits

- Substantial weight loss in human trials
- Improved metabolic markers
- Triple agonist mechanism (GLP-1, GIP, glucagon)
- Emerging human clinical results

Potential Side Effects

- GI effects similar to other GLP-1 agonists (nausea, etc.)
- Requires prescription and medical supervision
- Long-term data still evolving

How It Works

Retatrutide activates GLP-1, GIP, and glucagon receptors simultaneously, offering multi-pathway metabolic support. Use only under a healthcare provider.

[illegible]

CLINICAL

Semaglutide (GLP-1 Agonist)

Per prescription

A well-established GLP-1 receptor agonist used in clinical and research contexts for metabolic and weight management support.

Potential Benefits

- Extensive clinical trial data
- FDA-approved for multiple indications
- Well-characterized safety profile

Potential Side Effects

- Injection-site reactions
- Gastrointestinal effects (nausea, etc.)
- Requires prescription and provider monitoring

How It Works

Semaglutide mimics GLP-1, enhancing insulin secretion, reducing appetite, and slowing gastric emptying. Provider oversight required.

[redacted]

CLINICAL

Tirzepatide (GLP-1/GIP Dual Agonist)

Per prescription

First-in-class dual GLP-1/GIP receptor agonist. FDA-approved for type 2 diabetes (Mounjaro) and chronic weight management (Zepbound). SURMOUNT trials showed 20-25% body weight reduction.

Potential Benefits

- Dual GLP-1/GIP mechanism -- first-in-class
- FDA-approved for T2D and chronic weight management
- SURMOUNT trials: 20-25% body weight reduction
- Weekly dosing with 5-week escalation

Potential Side Effects

- Nausea, vomiting, diarrhea (similar to GLP-1s)
- Risk of pancreatitis; contraindications exist
- Requires prescription and medical supervision

How It Works

Tirzepatide activates both GLP-1 and GIP receptors, offering a distinct dual mechanism from semaglutide. Only use under a healthcare provider's care.

[illegible]

PRECLINICAL

Cagrilintide (Amylin Analog)

Discuss with provider

A long-acting amylin analog with a different mechanism than GLP-1 agonists. Works via amylin receptors to reduce appetite and slow gastric emptying. In Phase 3 trials; not yet FDA-approved standalone.

Potential Benefits

- Amylin pathway -- distinct from GLP-1 agonists
- May complement GLP-1 therapy
- Phase 3 trials ongoing
- CagriSema (with semaglutide) under study

Potential Side Effects

- Limited long-term data; not yet FDA-approved standalone
- Similar GI considerations
- Use only in research or provider-directed protocols

How It Works

Cagrilintide targets amylin receptors, offering a different mechanism than GLP-1 or GIP agonists. May complement rather than replace GLP-1 therapy.

[redacted]

CLINICAL

Retatrutide + Cagrilintide (Combination)

Per prescription (research-phase dosing in trials)

Experimental combination targeting multiple metabolic pathways: triple agonist plus amylin pathway for broad coverage. No FDA-approved combination product; research-phase protocol only.

Potential Benefits

- Multiple pathways: triple agonist + amylin
- Cutting-edge combination approach
- Maximal coverage of appetite and metabolic signaling

Potential Side Effects

- No FDA-approved combo; research-phase only
- Requires experienced provider for dosing
- GI and metabolic monitoring essential

How It Works

Combines Retatrutide (GLP-1/GIP/glucagon) with Cagrilintide (amylin analog) targeting multiple pathways. Only with experienced provider oversight.

[illegible]

CLINICAL

Ipamorelin

200-500 mcg | 1-2x daily

Growth hormone-releasing peptide (GHRP) that stimulates GH release with relatively selective action. Preferred for clean GH pulse without significant cortisol or prolactin elevation.

Potential Benefits

- GH pulse without strong appetite stimulation
- Research in body composition and recovery
- Shorter half-life than some GHRH analogs

Potential Side Effects

- Possible injection-site reactions
- GH-related effects; monitoring recommended
- Not for use in active cancer or certain conditions

How It Works

Ipamorelin stimulates GH release via ghrelin receptor with selective action. Dosing and monitoring should be under a provider.

[illegible]

EMERGING

Tesamorelin

Discuss with provider

A growth hormone-releasing hormone (GHRH) analog. FDA-approved for HIV-associated lipodystrophy, giving providers clinical familiarity.

Potential Benefits

- FDA history for specific indication
- May support visceral fat and body composition
- GHRH mechanism distinct from GHRPs
- Provider familiarity in some settings

Potential Side Effects

- Injection-site reactions
- GH-related effects; IGF-1 and glucose monitoring
- Contraindicated in active cancer

How It Works

Tesamorelin stimulates GH release via GHRH receptors. It has human clinical trial data in specific populations. Dosing must be provider-directed.

[redacted]

EMERGING

Sermorelin Acetate

250–500 mcg | Nightly

A short GHRH fragment (1–29) that stimulates pituitary GH release. Short half-life supports pulsatile dosing.

Potential Benefits

- Pulsatile GH release pattern
- Shorter half-life than longer GHRH analogs
- Research in body composition and recovery
- Often combined with GHRPs like Ipamorelin

Potential Side Effects

- Injection-site reactions
- GH-related effects; monitoring recommended
- Not for use in active cancer or certain conditions

How It Works

Sermorelin acts at the pituitary to stimulate GH secretion. It does not extend GH half-life like CJC-1295 with DAC. Provider oversight required.

[illegible]

EMERGING

CJC-1295 Without DAC

250-500 mcg | With Ipamorelin

GHRH analog with a short half-life, allowing pulsatile dosing. Paired with Ipamorelin to extend the GH release window without sustained elevation.

Potential Benefits

- Pulsatile dosing; may better mimic natural GH patterns
- Often combined with Ipamorelin for synergistic release
- Shorter duration (no DAC)
- Research in body composition and recovery

Potential Side Effects

- Injection-site reactions
- GH-related effects; IGF-1 and glucose monitoring
- Not for active cancer or certain conditions

How It Works

CJC-1295 no DAC stimulates GHRH receptors with a short half-life. Paired with Ipamorelin it extends the release window while allowing pulsatile dosing.

[illegible]

EMERGING

CJC-1295 With DAC

250-500 mcg | 1-2x weekly

CJC-1295 with Drug Affinity Complex binds to albumin and extends half-life, producing sustained GH elevation. Suited for less frequent dosing.

Potential Benefits

- Sustained GH elevation; less frequent dosing
- Longer half-life than no-DAC variant
- Research in body composition and recovery
- Weekly or twice-weekly dosing protocols

Potential Side Effects

- Injection-site reactions
- Sustained GH may increase side-effect profile
- Not for active cancer or certain conditions

How It Works

CJC-1295 with DAC binds to albumin and releases over days, producing sustained GH elevation. Differs from no-DAC pulsatile approach. Provider oversight essential.

[redacted]

What to Do Next

1. Share this assessment with your healthcare provider.
2. Explore your recommended peptides in the AI Chat in the app.
3. Track your protocol in the Dosage Calendar and Tracker (log doses, site rotation, wellness metrics).
4. See membership options in the app for peptide purchasing discounts.

Important Disclaimer

This assessment is for **EDUCATIONAL PURPOSES ONLY** and does not constitute medical advice. Peptide therapy should only be pursued under the supervision of a qualified healthcare provider. Always consult with a licensed healthcare professional before starting any new treatment protocol.

Peptide Resource Hub