

# Comprehensive Guide to AOD-9604 Dosage Protocols

## (2 mg / 5 mg Vials)

### I. Overview

AOD-9604 is a synthetic 16-amino acid peptide fragment (Tyr-hGH 177–191) derived from the C-terminal region of human growth hormone (hGH). Unlike full-length hGH, AOD-9604 retains the metabolic activity that promotes lipolysis (fat breakdown) and inhibits lipogenesis (fat storage), but does not elevate IGF-1 levels or induce insulin resistance. Clinical trials have demonstrated a placebo-like safety profile in obese adults, making it a well-tolerated option for metabolic support.

In educational protocols, AOD-9604 is typically administered via subcutaneous injection at a daily dose of **300–500 mcg**.

This guide covers dosage protocols for both **2 mg** and **5 mg** vial sizes of AOD-9604.

### II. Reconstitution and Dosage Guidelines

#### 2.1 2 mg Vial

**Reconstitution:** Add **3.0 mL** of bacteriostatic water → concentration approx. **0.667 mg/mL (667 mcg/mL)**

**U-100 insulin syringe conversion:** 1 unit = 0.01 mL ≈ **6.67 mcg**

**Shelf life after reconstitution:** Use when refrigerated (2–8°C); avoid repeated freeze-thaw cycles

**Standard/Titration Protocol (concentration 0.667 mg/mL):**

| Phase       | Weeks      | Daily Dose | Volume per Injection | Units    |
|-------------|------------|------------|----------------------|----------|
| Initial     | Weeks 1–4  | 300 mcg    | 0.45 mL              | 45 units |
| Maintenance | Weeks 5–12 | 500 mcg    | 0.75 mL              | 75 units |

**Injection frequency:** Once daily subcutaneous (typically morning, fasting).

**Cycle length:** 8–12 weeks; may be extended to 16 weeks.

**Note:** This protocol uses the maximum practical dilution of 3.0 mL to keep injection volumes ≥10 units for improved measurement precision.

#### 2.2 5 mg Vial

**Reconstitution:** Add **3.0 mL** of bacteriostatic water → concentration approx. **1.667 mg/mL (1667 mcg/mL)**

**U-100 insulin syringe conversion:** 1 unit = 0.01 mL ≈ **16.67 mcg**

**Shelf life after reconstitution:** Use when refrigerated (2–8°C); avoid repeated freeze-thaw cycles

**Standard/Titration Protocol (concentration 1.667 mg/mL):**

| Phase       | Weeks      | Daily Dose | Volume per Injection | Units    |
|-------------|------------|------------|----------------------|----------|
| Initial     | Weeks 1–4  | 300 mcg    | 0.18 mL              | 18 units |
| Maintenance | Weeks 5–12 | 500 mcg    | 0.30 mL              | 30 units |

**Injection frequency:** Once daily subcutaneous (typically morning, fasting).

**Cycle length:** 8–12 weeks; may be extended to 16 weeks.

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**Note:** This protocol uses the maximum practical dilution of 3.0 mL to keep injection volumes  $\geq 10$  units for improved measurement precision.

### III. Reconstitution Steps (General)

1. Using a sterile syringe, withdraw **3.0 mL** of bacteriostatic water.
2. Inject slowly along the vial wall to avoid foaming.
3. Gently swirl or roll until the powder is completely dissolved (do **not** shake vigorously).
4. Label with the reconstitution date and store refrigerated (2–8°C / 35.6–46.4°F), protected from light.
5. Use as soon as possible after reconstitution; avoid repeated freeze-thaw cycles.

### IV. Required Supplies

Based on an 8–16 week daily titration protocol (300 mcg weeks 1–4, 500 mcg from week 5 onward):

#### 5.1 2 mg Vial

**Peptide vials (AOD-9604, 2 mg each):**

8 weeks → approximately **12 vials**

12 weeks → approximately **19 vials**

16 weeks → approximately **26 vials**

**Insulin syringes (U-100):**

Per week: 7 syringes (1 daily)

8 weeks: 56 syringes

12 weeks: 84 syringes

16 weeks: 112 syringes

**Bacteriostatic water (10 mL vials):** Each peptide vial requires 3.0 mL for reconstitution.

8 weeks (12 vials) → 36 mL → 4 × 10 mL vials

12 weeks (19 vials) → 57 mL → 6 × 10 mL vials

16 weeks (26 vials) → 78 mL → 8 × 10 mL vials

**Alcohol swabs:** One for the vial stopper and one for the injection site per administration.

Per week: 14 swabs (2 daily)

8 weeks: 112 swabs → recommend 2 × 100-count boxes

12 weeks: 168 swabs → recommend 2 × 100-count boxes

16 weeks: 224 swabs → recommend 3 × 100-count boxes

#### 5.2 5 mg Vial

**Peptide vials (AOD-9604, 5 mg each):**

8 weeks → approximately **5 vials**

12 weeks → approximately **8 vials**

16 weeks → approximately **11 vials**

**Insulin syringes (U-100):**

Per week: 7 syringes (1 daily)

8 weeks: 56 syringes

12 weeks: 84 syringes

16 weeks: 112 syringes

**Bacteriostatic water (10 mL vials):** Each peptide vial requires 3.0 mL for reconstitution.

8 weeks (5 vials) → 15 mL → 2 × 10 mL vials

12 weeks (8 vials) → 24 mL → 3 × 10 mL vials

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16 weeks (11 vials) → 33 mL → 4 × 10 mL vials

**Alcohol swabs:** One for the vial stopper and one for the injection site per administration.

Per week: 14 swabs (2 daily)

8 weeks: 112 swabs → recommend 2 × 100-count boxes

12 weeks: 168 swabs → recommend 2 × 100-count boxes

16 weeks: 224 swabs → recommend 3 × 100-count boxes

## V. Protocol Summary

A concise summary of the daily subcutaneous treatment regimen:

**Goal:** Support fat mass reduction and promote fat oxidation over time.

**Schedule:** Daily subcutaneous injection for 8–12 weeks (may be extended to 16 weeks if desired).

**Dose range:** 300–500 mcg/day, titrated over time.

**Reconstitution:** 3.0 mL per vial (2 mg: ≈0.667 mg/mL; 5 mg: ≈1.667 mg/mL) for accurate unit measurement.

**Storage:** Lyophilised powder stored frozen; refrigerate after reconstitution; avoid repeated freeze-thaw cycles.

## VI. Dosage Protocol

Recommended daily titration approach:

**Starting dose:** 300 mcg/day for weeks 1–4.

**Target dose:** Increase to 500 mcg/day from week 5 onward, as tolerated.

**Frequency:** Once daily (subcutaneous).

**Cycle length:** 8–12 weeks; optional extension to 16 weeks.

**Timing:** Morning administration (fasting) is common; rotate injection sites.

## VII. Storage Instructions

Proper storage maintains peptide quality:

**Lyophilised powder:** Store at –20°C (–4°F) in a dry, dark environment; stable for 1+ years.

**Reconstituted solution:** Refrigerate at 2–8°C (35.6–46.4°F); use within 3–4 weeks; avoid freeze-thaw cycles.

Allow the vial to reach room temperature before reconstitution to minimise condensation.

## VIII. Important Notes

Practical considerations for consistency and safety:

Use a new sterile insulin syringe (U-100, 29–31 gauge) for each administration; dispose in a sharps container.

Rotate injection sites (abdomen, thigh, upper arm) to reduce local irritation and prevent lipohypertrophy.

Inject slowly; wait a few seconds before withdrawing the needle.

A single 2 mg or 5 mg vial lasts approximately 10 days at 500 mcg/day (or longer at 300 mcg/day).

## X. Potential Benefits and Side Effects

**Potential Benefits:**

**Fat metabolism support:** May support body fat management by promoting lipolysis and inhibiting lipogenesis.

**Favourable safety profile:** Clinical trials demonstrated a placebo-like safety profile in obese adults.

**No IGF-1 elevation:** Does not stimulate the IGF-1 pathway, avoiding some side effects associated with growth hormone.

**Safety and Side Effects:**

Generally well tolerated in clinical trials.

Mild injection site reactions (redness, itching, slight discomfort) may occur with subcutaneous administration.

Long-term human safety data are still being accumulated.

## XI. Injection Technique

Subcutaneous injection guidance based on clinical best-practice resources:

Clean the vial stopper and skin with alcohol; allow to dry completely.



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Pinch a skin fold; insert the needle at a 90° angle (or 45° if very little subcutaneous fat is present) into the subcutaneous tissue.

Do **not** aspirate for subcutaneous injections; inject slowly and steadily.

Systematically rotate sites (abdomen – at least 2 inches from the navel, thigh, upper arm) to avoid lipohypertrophy.

**Important Disclaimer:** The content of this document is for educational and research purposes only and does not constitute medical advice, diagnosis, or treatment recommendations. AOD-9604 is an investigational compound and has not been approved by regulatory agencies for routine human use. It may be prohibited in competitive sport. Consult a qualified healthcare professional before use.

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