

CJC-1295 DAC Comprehensive Dosage Guide

(2 mg & 5 mg Vials)

I. Overview

CJC-1295 DAC is a long-acting synthetic growth hormone-releasing hormone (GHRH) analogue. Its unique Drug Affinity Complex (DAC) modification technology extends the peptide's half-life from minutes to approximately 6–8 days through reversible binding to serum albumin. By stimulating pituitary GHRH receptors, CJC-1295 DAC increases growth hormone (GH) secretion and circulating IGF-1 levels in a dose-dependent manner, while preserving the natural pulsatile rhythm of GH secretion.

This guide covers dosage protocols for both 2 mg and 5 mg vial specifications.

II. Dosage and Reconstitution Guidelines

2.1. 2 mg Vial

Reconstitution: Add 1.0 mL bacteriostatic water → concentration approx. 2.0 mg/mL (2,000 mcg/mL)

U-100 insulin syringe conversion: 1 unit = 0.01 mL = 20 mcg

Standard weekly dose: 2,000 mcg (2 mg), once per week (i.e., one full vial)

Injection volume: 100 units (1.00 mL)

Post-reconstitution shelf life: 4 weeks when refrigerated (2–8°C)

Standard Protocol (Concentration 2.0 mg/mL):

Phase	Weeks	Weekly Dose	Injection Volume (mL)	Units
Maintenance	Weeks 1–12	2,000 mcg (2 mg)	1.00 mL	100 units

Injection frequency: Subcutaneous injection once weekly, preferably in the evening before bedtime to align with nocturnal GH pulses.

Cycle length: 8–12 weeks; a 4-week rest period between cycles is recommended.

2.2. 5 mg Vial

Reconstitution: Add 2.0 mL bacteriostatic water → concentration approx. 2.5 mg/mL (2,500 mcg/mL)

U-100 insulin syringe conversion: 1 unit = 0.01 mL = 25 mcg

Dose range: 300–1,000 mcg per injection, twice weekly

Injection volume: 100 units (1.00 mL)

Post-reconstitution shelf life: 2–4 weeks when refrigerated (2–8°C)

Standard / Titration Protocol (Concentration 2.5 mg/mL):

Phase	Weeks	Dose Per Injection	Injection Volume (mL)	Units	Total Weekly Dose
Initial	Weeks 1–2	300 mcg (0.3 mg)	0.12 mL	12 units	600 mcg/week
Titration	Weeks 3–4	500 mcg (0.5 mg)	0.20 mL	20 units	1,000 mcg/week
Titration	Weeks 5–6	750 mcg (0.75 mg)	0.30 mL	30 units	1,500 mcg/week
Maintenance	Weeks 7–12	1,000 mcg (1 mg)	0.40 mL	40 units	2,000 mcg/week

Injection frequency: Subcutaneous injection twice weekly (e.g., Monday/Thursday or Tuesday/Friday), with 3–4 days between injections.

Cycle length: 8–12 weeks, may be extended to 16 weeks as needed.

III. Reconstitution Steps (General)

- Using a sterile syringe, draw the specified volume of bacteriostatic water (1.0 mL for 2 mg vials; 2.0 mL for 5 mg vials).
- Inject slowly along the vial wall to avoid foaming or directly impacting the lyophilized powder.
- Gently swirl/roll until the powder is completely dissolved (do not shake vigorously).
- Label with reconstitution date and concentration; store refrigerated (2–8°C / 35.6–46.4°F) and protect from light.

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5. Use within the post-reconstitution shelf life; discard if turbidity or particulate matter appears.

IV. Required Supplies

4.1. 2 mg Vial Protocol (8–12 Week Plan)

Peptide vials (CJC-1295 DAC, 2 mg each):

8 weeks: 8 vials (1 per week)

12 weeks: 12 vials (1 per week)

Insulin syringes (U-100, 1 mL capacity):

Per week: 1 syringe

8 weeks: 8 syringes

12 weeks: 12 syringes

Bacteriostatic water (10 mL vial): Use 1.0 mL per vial for reconstitution.

8 weeks (8 vials): 8 mL → 1 × 10 mL vial

12 weeks (12 vials): 12 mL → 2 × 10 mL vials

Alcohol swabs: One for vial stopper + one for injection site per injection.

Per week: 2 swabs

8 weeks: 16 swabs → recommend 1 × 100-count box

12 weeks: 24 swabs → recommend 1 × 100-count box

4.2. 5 mg Vial Protocol (8–16 Week Twice-Weekly Plan)

Peptide vials (CJC-1295 DAC, 5 mg each):

8 weeks: ≈3 vials (total ~10.2 mg)

12 weeks: ≈4 vials (total ~18.2 mg)

16 weeks: ≈6 vials (total ~26.2 mg)

Insulin syringes (U-100):

Per week: 2 syringes (twice weekly)

8 weeks: 16 syringes

12 weeks: 24 syringes

16 weeks: 32 syringes

Bacteriostatic water (10 mL vial): Use approx. 2.0 mL per vial for reconstitution.

8 weeks (3 vials): 6 mL → 1 × 10 mL vial

12 weeks (4 vials): 8 mL → 1 × 10 mL vial

16 weeks (6 vials): 12 mL → 2 × 10 mL vials

Alcohol swabs: One for vial stopper + one for injection site per injection.

Per week: 4 swabs (2 per injection × 2 injections)

8 weeks: 32 swabs → recommend 1 × 100-count box

12 weeks: 48 swabs → recommend 1 × 100-count box

16 weeks: 64 swabs → recommend 1 × 100-count box

V. Protocol Summary

2 mg Vial

Once-Weekly Summary

- **Goal:** Elevate endogenous GH and IGF-1 levels to support muscle growth, fat metabolism, recovery, and anti-aging research.
- **Schedule:** Subcutaneous injection once weekly for 8 to 12 weeks.
- **Dose:** 2,000 mcg (2 mg) once weekly – one full vial per injection.
- **Reconstitution:** 1.0 mL per 2 mg vial (2.0 mg/mL) for precise unit measurement.
- **Storage:** Store lyophilized powder frozen; refrigerate after reconstitution; avoid repeated freeze-thaw cycles.

5 mg Vial

Twice-Weekly Summary

- **Goal:** Support sustained GH and IGF-1 elevation to facilitate research on GH axis effects.
- **Schedule:** Subcutaneous injection twice weekly for 8 to 12 weeks (may be extended to 16 weeks if needed).
- **Dose range:** 300–1,000 mcg per injection, with gradual titration.
- **Reconstitution:** 2.0 mL per 5 mg vial (2.5 mg/mL) for precise unit measurement.
- **Storage:** Store lyophilized powder frozen; refrigerate after reconstitution; avoid repeated freeze-thaw cycles.

VI. Dosing Protocols

6.1. 2 mg Vial Protocol

- **Starting & maintenance dose:** Standard dose of 2,000 mcg (2 mg) weekly from the first two weeks onward.
- **Conservative option:** For those exploring lower doses, consider 1,000 mcg (1 mg) weekly.
- **Frequency:** Once weekly (subcutaneous), preferably in the evening before bedtime to align with nocturnal GH pulses.
- **Cycle:** 8–12 weeks; a 4-week interval between cycles is recommended.

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6.2. 5 mg Vial Protocol

- **Starting dose:** 300 mcg per injection, twice weekly (total 600 mcg/week) for the first two weeks, to assess tolerance.
- **Titration:** Increase per-injection dose by approx. 250 mcg every two weeks (300 → 500 → 750 → 1,000 mcg), depending on tolerance.
- **Target dose:** Reach 1,000 mcg (1 mg) per injection, twice weekly (total 2,000 mcg/week) by weeks 7–12.
- **Frequency:** Twice weekly (subcutaneous), with 3–4 days between injections.
- **Cycle:** 8–12 weeks; may be extended to 16 weeks as appropriate.

VII. Storage Instructions

Proper storage preserves peptide integrity and potency.

- Lyophilized powder: Store at -20°C (-4°F) in a dry, dark environment; minimize moisture exposure.
- Post-reconstitution: Refrigerate at $2-8^{\circ}\text{C}$ ($35.6-46.4^{\circ}\text{F}$); use within 4 weeks for 2 mg vials and within 2–4 weeks for 5 mg vials; avoid freeze-thaw cycles.
- Allow vials to reach room temperature before opening to reduce condensation absorption.

VIII. Important Notes

Practical considerations for consistency and safety.

- Use a new sterile syringe for each injection; dispose in a sharps container.
- Rotate injection sites weekly (abdomen, thigh, upper arm) to reduce local irritation and lipohypertrophy.
- 2 mg vial: Fast for at least 2 hours before injection, as elevated blood glucose may blunt GH release.
- 5 mg vial: Inject slowly and steadily; wait a few seconds before withdrawing the needle to ensure complete delivery.
- Keep a log of weekly doses, injection sites, and any adverse reactions to maintain consistency.
- The DAC modification provides sustained release; maintain a regular injection schedule (once weekly or twice weekly).

IX. Potential Benefits and Side Effects

Potential Benefits:

GH/IGF-1 axis activation: Sustained, dose-dependent elevation of GH and IGF-1 levels, supporting muscle growth, recovery, and lean body composition.

Fat metabolism: Enhanced lipolysis, potentially reducing visceral fat accumulation.

Sleep quality: GHRH analogues may have somnogenic effects, increasing deep slow-wave sleep.

Physiological rhythm preservation: Unlike exogenous GH administration, CJC-1295 preserves natural GH pulsatility.

Common Side Effects:

May include transient facial flushing, injection site reactions (redness, pain), water retention, or headache. Serious adverse effects are rare at standard doses.

X. Injection Technique

General subcutaneous injection guidance based on clinical best-practice resources.

- Clean the vial stopper and the selected injection site skin with alcohol; allow to air-dry completely.
- Pinch a skin fold of about one inch (2.5 cm) (lower abdomen, outer thigh, or upper arm).
- Insert the needle at a 90° angle (or 45° angle if subcutaneous fat is minimal) into the pinched skin fold.
- Inject the solution slowly and steadily (no aspiration is required for subcutaneous injection).
- After full injection, keep the needle in place for 5–10 seconds before withdrawing to ensure complete delivery.
- Dispose of the used needle in a sharps container.
- Systematically rotate injection sites weekly (e.g., alternate left and right abdomen) to avoid lipohypertrophy. Do not rub or massage the injection site after injection.

Important Disclaimer: This content is for educational and research purposes only and does not constitute medical advice, diagnosis, or treatment. CJC-1295 DAC is a research compound and is not approved by regulatory authorities for routine human therapy. Consult a qualified medical professional before use.