Peptide Tracking Toolkit

A before-you-start guide and private record for people considering or already using peptides

Considering peptides—or already using them?

This download gives you two tools:

BEFORE YOU START

Identify the exact offer, compare it with alternatives, and prepare questions before spending money or beginning anything.

IF YOU PROCEED

Use the private Excel workbook to organize products, plans, actual administrations, observations, labs, storage, and travel.

Together, they turn scattered claims and records into details you can check, compare, find again, and share when needed.

Neither tool recommends a product, dose, or schedule; both help you research and preserve information more clearly.

Choose your starting point

1. **I am still considering peptides**

   Begin with the decision brief below. You do not need a vial, provider, or completed purchase. Start with a specific claim, consultation, product page, or offer you want to understand.

2. **I already use a peptide**

   Go directly to **Start with a private working copy**, or read the education and source-checking sections first for additional context. The workbook brings scattered records into one private place.

A useful outcome may be “not yet” or “no”

Research can lead you to proceed, compare another option, ask more questions, or stop there. The guide is useful even if you never enter anything in the workbook.

Peptides in plain English

Peptides are short chains of amino acids, the same small building blocks used to make proteins. The body makes many peptides naturally. Some act as signals between cells; familiar examples include insulin, glucagon, and oxytocin. 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 amino-acid sequences bind different receptors. Products sold under the broad label “peptide therapy” can also sit in very different regulatory categories:

- **FDA-approved peptide medicines** have been reviewed for specific uses, formulations, and patient populations.
- **Compounded peptide drugs** are prepared for individual patient needs under applicable compounding rules but are not FDA-approved or reviewed by FDA before marketing for safety, effectiveness, or quality.
- **Research-use products** are not approved medicines for human use. A seller calling a substance a peptide, providing a COA, or labeling it “for research use only” does not establish that it is appropriate for a person to use.

Marketing lists sometimes place non-peptide compounds beside peptides, so the category name alone is unreliable. Record the exact active ingredient, formulation, route, manufacturer or compounder, and intended use.

Start with the overview

For a broader introduction, visit riteaid.com/peptides.

Common names you may encounter

These examples are included for orientation, not as recommendations. 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 and tirzepatide	Diabetes and weight management	FDA-approved prescription products exist for specific indications. Compounded or other unapproved versions are not the same products.
Tesamorelin	Growth-hormone signaling and abdominal-fat claims	Approved to reduce excess abdominal fat in adults with HIV-associated lipodystrophy; not approved for general weight loss.
PT-141 / bremelanotide	Sexual-desire claims	Vyleesi has a narrow approved indication for acquired, generalized HSDD in certain premenopausal women. Broader “sexual enhancement” claims exceed it.
BPC-157 and TB-500	Injury, gut, and soft-tissue recovery marketing	Common research-market names, but neither is an FDA-approved drug. Human evidence and finished-product quality can be major uncertainties.
CJC-1295, ipamorelin, and sermorelin	Growth-hormone release, recovery, sleep, and body-composition marketing	Distinct substances with different evidence and regulatory histories. Record each active ingredient in a peptide blend separately.
GHK-Cu	Skin, hair, and wound-healing products	Topical and injectable preparations are different formulations. Injectable GHK-Cu is not FDA-approved.

A small glossary

Term	Plain-language meaning
Amino acid	A small molecule used as a building block for peptides and proteins.
Peptide	A short chain of amino acids. Its sequence and shape determine which biological signals it can affect.
Analog	A modified version of a natural molecule, often changed to last longer or act differently.
Active ingredient	The substance intended to produce a drug's effect. It is more specific than a marketing category or brand name.
Formulation and route	How a product is prepared and enters the body, such as a cream, nasal product, oral product, or injection. Changing either can change the evidence and risk.
FDA-approved use	A use supported by the reviewed labeling for a particular approved product. Approval does not automatically cover every use or version of the ingredient.
Compounded drug	A drug prepared by a pharmacy, outsourcing facility, or physician for a patient need under applicable law. It is not FDA-approved.
Off-label use	Use of an approved drug in a way not included in its FDA-approved labeling. A licensed clinician may prescribe off label, but the use itself has not received FDA approval.
COA	Certificate of analysis: a report of specified tests for a material, sample, or batch. It does not by itself authenticate your vial or prove every quality attribute.

More definitions

The Rite Aid peptide glossary explains receptor, agonist, secretagogue, half-life, reconstitution, subcutaneous injection, IGF-1, and other common terms.

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. 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. This keeps a product page or social-media claim from defining the decision for you.

Build a one-page decision brief

Question	What to record
What am I trying to change?	A specific symptom, function, measurement, or practical outcome—not simply “optimization.”
What options could address it?	Peptide and non-peptide options, including FDA-approved treatments when relevant, plus gathering more information first.
What exact product is proposed?	Name, formulation, route, intended use, approval status for that use, and whether it would be compounded.
What evidence applies?	Human evidence for the same substance, route, and use—not evidence borrowed from another compound, an animal study, or a mechanism.
Who is responsible for care?	Prescriber or clinician, dispensing pharmacy, follow-up contact, and who answers questions after payment or delivery.
What does the full commitment involve?	Product, consultation, supplies, laboratory work, follow-up, storage, travel, and disposal costs and requirements.
What remains unresolved?	Interactions, health-history concerns, side effects, monitoring, stopping criteria, product quality, legality, or seller-only assurances.

You do not need to complete every answer alone. Blank and unresolved fields become a focused question list for a healthcare professional, pharmacist, provider, or pharmacy.

Compare the exact options, not the category

The word *peptide* covers products with very different evidence, approval status, manufacturing controls, intended uses, and risks. Compare the exact option being offered with realistic alternatives for the same goal.

Clinical fit

- Intended outcome and evaluation period
- FDA approval status for the proposed use
- Strongest applicable human evidence
- Common and serious risks from an authoritative source

Practical fit

- Who prescribes, dispenses, and monitors
- Up-front and continuing costs
- Storage, supply, and travel requirements
- What would lead to reconsidering or stopping

FDA-approved and compounded products are not interchangeable regulatory categories. FDA reviews approved drugs for safety, effectiveness, and quality before marketing. Compounded drugs are not FDA-approved, and FDA does not perform that premarket review. Compounding can meet an important patient need, but ask why a compounded product is being proposed and whether an FDA-approved option can meet the same need.

Review the source and finished vial separately

A polished website, pharmacy name, or laboratory document answers only part of the source question. Preserve several distinct checks:

1. **Seller or service:** Legal business name, physical address, contact route, and claims made at the time of purchase.
2. **Prescriber or provider:** Name, professional role, license jurisdiction, and contact details when applicable.
3. **Dispensing pharmacy:** Name, address, phone number, and license status in the relevant state when applicable.
4. **Finished vial:** Product name, labeled concentration or quantity, lot, dates, storage wording, and packaging condition.

5. **Supporting documents:** The lot and sample described, issuer, tests performed, and dates.

A direct-to-consumer chemical supplier or website labeling products “for research use” is not a state-licensed dispensing pharmacy. Record and evaluate the seller and pharmacy as separate entities; do not assume the 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. FDA also notes that compounded drugs are not FDA-approved and are not reviewed by the agency for safety, effectiveness, or quality before marketing. A pharmacy license, prescription, certificate, and label therefore answer different questions; no single item establishes every aspect of a finished product.

A practical document check

- ☐ Issuer and contact information
- ☐ Document title, identifier, and version
- ☐ Product and lot or batch match
- ☐ Sample received and test dates, when shown
- ☐ Laboratory name and whether it is independent of the seller
- ☐ Test method or standard named
- ☐ Specification, result, and units for every reported test
- ☐ Authorized signature or release information
- ☐ Any missing page, attachment, or referenced method

The workbook stores a reference to a document so you can find it again. It does not authenticate the document.

What a COA does and does not prove

A certificate of analysis, often shortened to COA, reports specified test results for a particular material, sample, or batch. FDA manufacturing guidance treats supplier certificates as one part of a larger quality system and calls for manufacturers to establish and periodically check their reliability.

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 or content, purity, sterility, and bacterial endotoxin are different questions. A report containing an identity or purity result does not silently include tests that are absent.

A COA does not establish every link

- 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
- Suitability for a particular person or use
- FDA approval of a finished product

Record precisely what a COA supports and leave the other questions open. A QR code or professional layout is a way to deliver a document, not proof that its contents were independently verified.

Take better questions into the conversation

- [ ] What exact problem is this intended to address, and what alternatives should I compare?
- [ ] Is this exact product FDA-approved for the proposed use? If not, what evidence supports it?
- [ ] Why is a compounded product being proposed, if applicable?
- [ ] How do my health history, prescriptions, nonprescription medicines, and supplements affect the decision?
- [ ] What side effects or warning signs require a call, prompt evaluation, or emergency care?
- [ ] What baseline information and follow-up are needed, and who reviews the results?
- [ ] Who made and dispensed the finished product, and how can I verify the pharmacy's license?

- [ ] What are the total recurring costs, storage needs, supplies, and travel implications?
- [ ] How will we decide whether it helped, did nothing, or should be stopped?

Not ready to enter product data?

Save the blank workbook. Use these questions now, then begin the workbook only if you have verified information worth preserving.

The eleven-sheet map

START HERE

Setup, legend, privacy, and safety boundary.

DASHBOARD

A summary of the records you entered.

VIALS

One traceable record for each physical vial.

SCHEDULE

A plan entered by you or copied from your source.

ADMINISTRATION LOG

The history of what actually happened.

SITE ROTATION

Recent use of your configured site labels.

WELLNESS

Repeatable measures, symptoms, context, and notes.

LABS

Results preserved with units, ranges, and flags.

STORAGE

Temperatures, issues, guidance, and actions.

TRAVEL

Rules, supplies, storage, documents, and contacts.

LISTS

The editable terms used in menus and summaries.

Start with a private working copy

If you decide to proceed with a specific product and have verified details worth preserving, the workbook becomes the practical next step. Treat it like a health record: it can contain product names, administration history, possible side effects, laboratory results, travel plans, and contact information.

1. **Keep a blank master**

   Save the original download unchanged so you always have a clean starting point.

2. **Create a dated working copy**

   Use a filename such as “Peptide Tracking Toolkit - 8-7-2026.xlsx”.

3. **Protect the device**

   Store the file in a private folder on a device protected by a strong sign-in and encryption.

4. **Back it up**

   Include the working copy in a secure backup routine.

5. **Share selectively**

   Export or copy only what a specific conversation requires instead of sending the entire workbook by default.

Excel files can be copied, forwarded, or opened by anyone who has access to them. A private folder and a protected device matter more than a discreet filename.

> *The workbook works locally and contains no macros, external data connections, or hidden tracking. It does not send Rite Aid the information you enter.*

Share the link, not your file

Send friends to riteaid.com/peptides so they can confirm their own email, download their own workbook and guide, and receive their own personal coupon when ordering opens.

Complete the first setup in ten minutes

The fastest setup creates a useful record without filling every sheet at once.

1. Open **START HERE** and review the color legend and safety boundary.
2. Open **LISTS** and adjust the editable options you expect to use, including product names, units, routes, site labels, and wellness measures.
3. Add each physical vial as its own row in **VIALS**.
4. Enter any plan you want to preserve in **SCHEDULE**. Copy wording and units from the source instead of converting them in your head.
5. Add completed events to **ADMINISTRATION LOG** as they happen.
6. Review **DASHBOARD** after data entry to spot missing details and bring recent records together.

Add **WELLNESS**, **LABS**, **STORAGE**, and **TRAVEL** when they become relevant. Empty sheets are not unfinished work.

Build a traceable vial record

One row in **VIALS** should represent one physical vial. Reusing a row for a replacement vial erases the connection between a product, its lot, its dates, and the entries in **ADMINISTRATION LOG**.

The payoff is traceability: if a lot is recalled, a label changes, or a pharmacist asks what you received, the source details are available in seconds.

Copy details directly from the label and accompanying documents. Preserve the product or name, source or pharmacy, lot, form, received/opened/mixed dates, label expiration or beyond-use date, storage instructions, quantity, status, document reference, and notes.

Expiration and beyond-use dates are different fields

Enter the wording and date shown on the source. Do not substitute one term for the other or calculate a replacement date in the workbook.

Use **Document/COA reference** as an index, not as storage for the evidence itself. A filename such as `2026-08-06_Lot-ABC123_label-front.jpg` is easier to trace than `IMG_4821.jpg`. Save the original file in the same secure folder as the workbook, or in a clearly named secure subfolder. Keep the source document unchanged and add a separate dated note if new information arrives.

Preserve uncertainty

A blank field is more useful than a confident guess. If a label does not show a lot number, storage range, or beyond-use date, leave the field blank and note that the information was 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”	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

Separate the plan from the history

SCHEDULE

Intention

A user-entered plan: product, amount, unit, route, frequency or date and time, start/end, status, and notes.

ADMINISTRATION LOG

History

What actually happened: date/time, product and vial, amount/unit, route, site label, status, and notes.

Keeping these sheets separate preserves the difference between what was planned and what actually happened, making later review more reliable.

Record completed events soon after they occur. If an entry is wrong, correct it while preserving enough context to understand the change. A note such as “Corrected 8/7: time was 8:10 p.m., not 8:10 a.m.” is more useful than silently replacing a value when timing could matter later.

Keep skipped and uncertain events distinguishable from completed ones so the history remains accurate.

Use site history as a memory aid

SITE ROTATION summarizes the site labels used in **ADMINISTRATION LOG**. Configure labels in **LISTS** so they match the terms you already use. Recent-use highlighting makes patterns visible before memory becomes unreliable; use product-specific instructions or professional guidance to decide what is appropriate.

Use Notes in **ADMINISTRATION LOG** to record observable details consistently:

- What you observed, such as redness, swelling, tenderness, bruising, or no reaction
- When it began
- How long it lasted
- Whether the observation changed
- Any photo or document reference you want to retain

Avoid replacing a description with a conclusion such as “allergy” unless that is how a healthcare professional documented it.

Record wellness without assigning a cause

WELLNESS is designed for repeatable observations. Choose a small set of measures that matter to you, then use the same scale and timing each time. A consistent weekly entry is easier to compare than several differently worded entries made only when something feels unusual.

Record

User-defined measure and scale, symptoms, timing, duration, context, and free-text notes.

Review

Consistent entries over time, with the same measure, scale, and approximate timing.

Consistent entries make it easier to bring a timeline into a useful conversation. A trend can show that two things changed over time without establishing that one caused the other.

When a spreadsheet is not the next step

If a symptom is severe, worsening, or concerning, use an appropriate medical service rather than waiting for a spreadsheet pattern. Product labeling and a healthcare professional can provide product-specific warning signs.

Preserve laboratory results exactly

Laboratory reports can use different units, methods, flags, and reference ranges. **LABS** keeps each result together with the context printed on that report.

Field	What to preserve
Test	Name exactly as reported
Date	Collection or report date, used consistently
Result	Value and unit without conversion
Reference	Laboratory low/high and flag exactly as printed
Document	A filename or reference back to the complete report
Notes	Fasting status, time, laboratory, or other report context

Keep the reported unit and laboratory reference range unchanged in the source row. If a later report uses another unit, preserve it as a new row. This keeps each entry traceable to its original report and prevents an accidental apples-to-oranges comparison.

An optional measurement resource

Rite Aid offers a Peptide Baseline Blood Test Panel for people who have independently decided that laboratory measurement is relevant. The panel is not required to use this toolkit, and results need appropriate clinical interpretation.

Save the original report. A transcribed row is convenient for sorting and charts, while the report remains the source for method notes, comments, and details the workbook does not capture.

Follow the product's storage instructions

There is no universal storage rule for injectable peptides. Requirements can differ by product, formulation, packaging, and whether a product has been mixed or opened. Copy the instructions supplied with that specific vial into **VIALS**, and use **STORAGE** to record the conditions or incidents that matter.

Copy exact label wording instead of shortening it to "keep cold." The stated temperature range, light protection, freezing warning, container requirement, and instructions after opening or mixing give a pharmacist or manufacturer the facts needed to assess an excursion.

Document a temperature excursion

An excursion is time outside the storage conditions provided for the product. When one occurs or is suspected, record facts before seeking product-specific guidance.

What happened

Discovery time, earliest possible start/end, known high/low temperature and unit, location, container, and physical changes.

What followed

Product and lot, source of guidance, person or organization contacted, date, guidance received, and action taken.

Record `unknown` when the duration or temperature cannot be established instead of filling the gap with an average room temperature. A pharmacist, healthcare professional, or manufacturer can then assess the excursion using the facts that are available.

Prepare travel as a separate project

Travel adds three independent questions: whether the product may enter the destination or transit country, whether airport security permits the supplies, and whether the labeled storage conditions can be maintained. Approval at one step does not answer the others.

1. **Map the route**

   List every destination and transit country in **TRAVEL**.

2 **Check official rules**

Record the authority or embassy source used and the date checked.

3 **Copy the label**

Preserve the product's storage requirement exactly.

4 **Inventory supplies**

List vials, syringes, cooling supplies, documents, and a travel-size sharps container.

5 **Plan transport and close open questions**

Record the carry method, temperature plan, and emergency contacts. Verify each open question before departure and retain the answer source.

For international travel, the CDC and U.S. Department of State recommend checking the rules for every destination, keeping medicines in original labeled containers, carrying copies of prescriptions, and obtaining supporting medical documentation for injectable medicines when applicable. Some countries restrict medicines that are legal in the United States, and transit-country rules can also apply.

For U.S. airport screening, TSA allows unused syringes when accompanied by injectable medication and requires them to be declared for inspection. TSA also permits medically necessary liquids above the usual carry-on limit, subject to separate screening. These are security-screening rules; they do not establish that a product is lawful to possess, import, or use.

Cold is not a temperature plan

Keep temperature-sensitive items accessible and follow the product's own instructions. Do not assume hotel refrigerators, checked baggage holds, cars, ice packs, or direct contact with ice will maintain the required range. Record temperatures and any excursion, then obtain product-specific guidance if the range was not maintained.

FDA recommends placing used needles and other sharps in a sharps disposal container immediately after use and following local disposal rules. Carry a travel-size container when away from home.

Create a concise record to share

An up-to-date medication record can help healthcare professionals identify interactions, understand possible side effects, and interpret other health information. FDA recommends keeping and sharing a list of prescription medicines, nonprescription medicines, vitamins, and supplements—not only one product category.

Before a visit or call, prepare a focused summary:

- All products and medicines currently used, including name, strength, route, and source
- Relevant vial and lot details
- Actual dates and amounts from **ADMINISTRATION LOG**
- New or changing symptoms from **WELLNESS**, with timing
- Relevant reports and unmodified entries from **LABS**
- Storage excursions or travel events that could matter
- Original labels, instructions, and documents
- A short list of questions

Remove unrelated personal details before sharing a worksheet or screenshot. Keep the original workbook intact so the shared excerpt and the source record do not become confused.

Quick-start checklist

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

Workbook field reference

Sheet	What belongs there	What it does not decide
START HERE	Setup, legend, privacy, safety boundary, code area	Product or treatment decisions
DASHBOARD	Record summaries, recent activity, dates, sites, selected measures	Effectiveness, safety, causation
VIALS	One vial per row, source, lot, dates, label storage, documents	Authenticity, legitimacy, usability
SCHEDULE	A user-entered plan and its source	Amount, frequency, route, duration
ADMINISTRATION LOG	What happened, when, vial, amount, route, site, status	Whether an event was appropriate
SITE ROTATION	Recent use of configured site labels	Anatomical or product suitability
WELLNESS	Measures, symptoms, possible side effects, context	Whether a product caused a change
LABS	Results, units, ranges, flags, source documents	Diagnosis or interpretation
STORAGE	Temperatures, excursions, guidance, actions	Whether a product remains usable
TRAVEL	Rules, supplies, storage, documents, contacts	Permission, legality, stability
LISTS	Editable terms and workbook settings	Medical defaults

Important limits

The Peptide Tracking Toolkit is an organizational record. It does not provide medical advice, diagnose a condition, recommend a peptide, determine a dose or schedule, interpret laboratory results, authenticate a product, or establish legal status. It cannot replace the original label, a pharmacist, a healthcare professional, the manufacturer, an airline, or destination and customs authorities.

Seek urgent medical help for a medical emergency. For a suspected side effect or medication error, contact an appropriate healthcare professional; FDA also accepts reports through MedWatch.

Guide updated 8/7/2026

Sources & Further Reading

Claims in this guide are supported by the sources below. Sources were selected for their authority and relevance to the specific medical, regulatory, storage, and travel statements they accompany.

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