

TB-500

Mixing, Dosing & Administration Guide

For TB-500 ZPHC 25 MG Kit (5 vials of 5 mg + 11 mL bacteriostatic water)

Step 1: Mixing Instructions

What You'll Need:

- 1 vial of TB-500 (5 mg, powder)
- 2 mL of bacteriostatic water (included in the kit)
- 1 mL (100-unit) insulin syringe
- Alcohol prep pad
- Clean working surface

Step-by-Step Instructions:

1. **Wash your hands** thoroughly with soap and water.
2. **Prepare your materials:**
 - a. Place the vial, syringe, and solvent vial on a clean surface.
 - b. Open an alcohol pad, but don't use it yet.
3. **Remove the plastic cap** (flip-off rubber cap) from the top of the TB-500 vial. You'll see a rubber stopper underneath — do not remove the stopper.
4. **Wipe the top of the vial** (rubber stopper) with the alcohol pad. Let it air dry for a few seconds — this keeps it sterile.
5. Do the same with the **solvent vial** — remove its cap and wipe the rubber top with a new alcohol pad.
1. **Draw 2 mL (200 units) of solvent** (split into 2×1 mL injections):
 - a. Uncap your insulin syringe.
 - b. Pull back the plunger to draw in 1 mL (100 units) of air.
 - c. Insert the needle into the solvent vial and push the air in (this equalizes pressure).
 - d. Turn the vial upside down and draw out exactly 1 mL (100 units) of solvent.
6. **Inject the solvent** into the TB-500 vial:
 - a. Insert the needle through the rubber stopper of the TB-500 vial.
 - b. Slowly inject the solvent down the inner wall of the vial, not directly onto the powder — this helps it dissolve gently.
 - c. Remove the needle once all the solvent is in.
7. **Mix the solution:**
 - a. Do not shake the vial.
 - b. Gently swirl the vial in small circles until the solution becomes clear and fully dissolved (this may take a few minutes).
 - c. If foam forms, let it settle in the fridge before use.

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8. **Label the vial** with the date you mixed it.
9. **Store** the mixed vial in the refrigerator (36–46°F).

Final concentration: **2.5 mg/mL = 2500 mcg/mL = 25 mcg per unit**

Step 2: Dosage Protocols – All Use Cases

1. General Recovery / Wellness (Low-Dose Protocol)

- **500 mcg per day, 5×/week (Mon–Fri)**
- **Useful for** long-term prevention, mild inflammation, or stacking
- **Cycle Length:** 8–12 weeks
- **Typical Injection:** 20 units on insulin syringe

- ✓ Simple, widely used and well tolerated
- ✓ Can be stacked with IPAMORELIN or GH peptides

2. Initial (Loading) Phase – Injury / Surgery / Acute Damage

- 4–8 mg per week, divided into 2–3 injections
- Duration: 4–6 weeks

Weekly Dose	Injections/Week	Dose per Injection	Syringe Units
4 mg	2×/week	2 mg	80 units
6 mg	3×/week	2 mg	80 units
8 mg	2×/week	4 mg	160 units (split dose)

Recommended for tendon tears, post-op healing, severe inflammation

3. Maintenance Phase (Post-Recovery)

- 2–4 mg/week, 1–2× per week
- Duration: 4–6+ weeks, or ongoing at low dose

Weekly Dose	Injections/Week	Dose per Injection	Syringe Units
2 mg	1×/week	2 mg	80 units
4 mg	2×/week	2 mg	80 units

Use after loading phase or alongside GH peptide stacks (e.g. Ipamorelin).

Injection Timing:

Time of Day	Purpose
Morning	Aligns with natural GH rhythms, post-repair
Pre-bed	Enhances deep tissue recovery overnight

Step 3: Inject TB-500

1. **Wash your hands** thoroughly with soap and water.
2. **Take the TB-500 vial out of the refrigerator** and let it sit for a few minutes at room temperature — this makes the injection more comfortable.
3. **Wipe the rubber top of the vial** with an alcohol prep pad. Let it dry fully.
4. **Draw the dose into the syringe:**
 - 4.1. Remove the cap from the insulin syringe.
 - 4.2. Pull the plunger back to the number of units that matches your dose.
 - 4.3. Insert the needle into the vial and push the air into the vial (this helps equalize pressure).
 - 4.4. Flip the vial upside down and slowly draw your dose
 - 4.5. Check for air bubbles — if there are any, tap the syringe gently and push the air out.
 - 4.6. Confirm you're at the correct unit mark for your dose.
5. **Choose an injection site:**
 - 5.1. **Systemic injection:** Inject subcutaneously into abdominal fat (2 inches from belly button)
 - 5.2. **Local injection:** Inject close to the injury site (subcutaneous or intramuscular)
6. **Clean the skin at the injection site** with a new alcohol prep pad. Let it dry.
7. **Inject the medication:**
 - 7.1. Hold the syringe like a pencil at a 90° angle (or 45° if very lean).
 - 7.2. Pinch the skin if needed.
 - 7.3. Insert the needle in one smooth motion.
 - 7.4. Slowly push the plunger all the way down.
 - 7.5. Hold for 5–10 seconds, then gently remove the needle.
8. **Dispose of the used syringe** in a sharps container.

Tips for a Comfortable Injection:

- Inject at room temperature (cold solution can sting)
- Use a fresh needle every time
- Apply light pressure to the site if there's a small drop of blood
- Use a different injection site each week when injecting in the same body region.

How Long the Kit Will Last

Protocol	Weekly Use	Duration (Weeks)	Duration (with 25 mg)
500 mcg/day, 5x/week	2.5 mg	10 weeks	Long wellness / stacked cycles
4 mg/week (initial)	4 mg	~6.25 weeks	Mild injury, surgical prep
6 mg/week (initial)	6 mg	~4 weeks	Moderate–severe damage
8 mg/week (initial)	8 mg	~3 weeks	Aggressive high-dose loading
2 mg/week (maintenance)	2 mg	~12.5 weeks	Long maintenance phase

For 8–12 week full cycles at higher doses, consider 2 kits.

Storage & Safety Tips

- **Unmixed vials:** Store at room temperature, away from light
- **Mixed vials:** Store in the refrigerator (36–46°F)
- **Do not freeze**
- Always use sterile technique
- Dispose of used syringes in a sharps container

Disclaimer:

TB-500 guidelines are based on animal data, expert consensus, and anecdotal reports. The split between loading and maintenance phases follows common regenerative therapy practices but is not backed by FDA clinical trials.