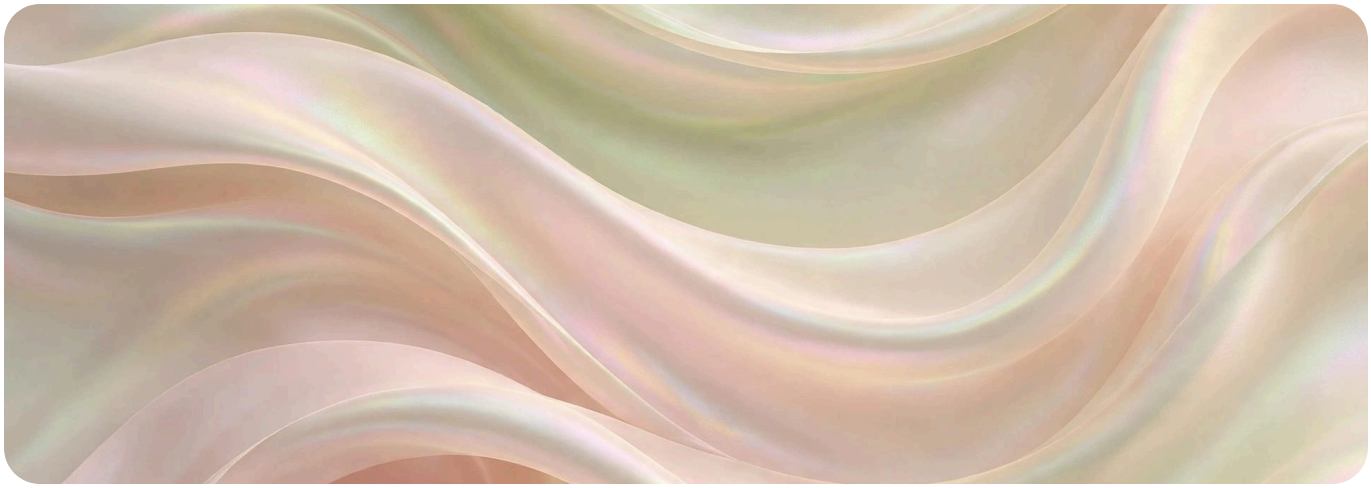


A FREE HYDRIP GUIDE

Real Meds, Not Research Chemicals

A plain-English guide to where peptides actually come from - and why the $29 vial is a gamble.

Peptides are everywhere right now. So are websites selling vials for $29, with four words buried in the fine print: **"for research purposes only."**

That phrase changes everything. A product sold for a lab bench follows one set of rules. A product going into a human body follows a completely different set - or at least, it should.

This guide shows you how real medication sourcing works, what can go wrong when it doesn't, and how to check any source in about two minutes.

From the Hydrip team - with Jessica Kulina, RN. We wrote this the way we explain it to our own patients: simply, honestly, and without the scare tactics.

Education only - not medical advice. See the last page.

CHAPTER 1

What "research use only" actually means

It is not fine print. It is the whole point of the label.

When a website sells a peptide "for research purposes only" or "not for human use," it is telling you - in its own words - that the product is a **lab chemical**. It is meant for experiments in a lab, not for a person.

That one label changes who is watching, and the honest answer is: basically nobody.

No regulator checks it for human safety

Products sold as lab chemicals are not reviewed by the FDA (the U.S. Food and Drug Administration) as medicines. No agency verifies that the vial is sterile, that the dose is right, or that it is safe to put in a body - because, on paper, it is never supposed to go in one.

The disclaimer protects the seller, not you

Think of it like a "not a step" sticker on the top of a ladder. The warning is there so the company can say, "We told you." If you use the product on yourself anyway, you have stepped outside the one use the seller claims to support - and you are on your own.

Regulators have noticed the workaround

The FDA looks at how a product is actually marketed, not just what the vial says. In recent warning letters, the FDA told online peptide sellers that dosing charts, injection instructions, and health claims on their websites showed the products were really meant for people - "research only" label or not - and called them unapproved drugs.

So the label is doing two jobs at once: it keeps the seller out of the pharmacy system, and it quietly hands all the risk to you.

The one-sentence version: if a product says "not for human use," believe it.

CHAPTER 2

What's actually in the $29 vial? Nobody knows.

That is not a scare line. With an unverified product, there is no reliable way to know.

1

The dose on the label may not be the dose in the vial

A vial labeled 5 mg could hold much less of the ingredient - or more. Independent testing of products from unverified sites has found vials that did not match their labels. Without verified testing, the label is a claim, not a measurement.

2

It may not be clean

Anything injected has to be made under strict sterility rules. Research chemicals do not have to follow those rules. It is the difference between a home kitchen and a food factory with health inspections: both can produce something that looks fine, but only one is checked by someone whose job is checking.

3

There is no testing you can verify

Some sites post a lab report. But if it is not tied to your exact batch, from a lab you can confirm exists, it is closer to a screenshot than a guarantee.

4

Every batch can be different

Maybe the last vial seemed to "work." The next one can be a different strength and purity - a different product wearing the same label.

5

The extras are a mystery too

Solvents, fillers, and preservatives ride along in every vial. In a regulated pharmacy, each one is known and listed. In a research vial, you are trusting a stranger's recipe.

CHAPTER 3

The real system: a prescription and a real pharmacy

Legitimate peptide medication reaches a patient through a chain - and every link has a name, a license, and a job.

1

A licensed provider evaluates you

A real medical provider reviews your health history, your goals, and often your lab work. Yes, telehealth counts - a consult with a licensed provider is a real evaluation. What does not count: a checkout page asking for a credit card and nothing else.

2

A prescription is written - for you

Not for "customers in general." For you, by name, at a specific strength, because a provider decided it fits your situation.

3

A licensed compounding pharmacy makes and fills it

Many peptide medications are prepared by compounding pharmacies - licensed pharmacies that make a medication for a specific prescription instead of stocking a factory-made version. The next page explains the two kinds, 503A and 503B.

4

It ships with your name on it

The package carries your name, the pharmacy's name, a lot (batch) number, and an expiration date. If anything goes wrong, that batch can be traced. That traceability is not a bonus feature - it is the system working as designed.

Notice what the research-site version is missing: steps 1, 2, 3, and 4. What is left is a vial and a hope.

503A and 503B, in plain English

U.S. compounding pharmacies work under two sections of federal law, called 503A and 503B. You do not need to memorize the numbers - just what each one guarantees.

	503A pharmacy	503B outsourcing facility
What it is	A compounding pharmacy that makes a specific prescription for a specific patient.	A larger facility, registered with the FDA, that can make bigger batches ahead of time for clinics and pharmacies.
Who watches it	Mainly its state board of pharmacy - the same body that licenses the pharmacy on your corner.	The FDA directly, including inspections.
The rules it follows	USP standards - the national rulebook for how sterile and non-sterile medications are prepared.	cGMP - "current Good Manufacturing Practice," the FDA's stricter, factory-level manufacturing rules.
Prescription needed?	Yes - yours, before anything is made.	Batches can be made in advance, but you still get yours through a provider's prescription.

Different setups, same core idea: **a real pharmacy, with a real license, that you can look up** - a 503A with its state board of pharmacy, a 503B in the FDA's public registry. Compare that to a checkout page and a P.O. box.

What quality actually looks like

- **Sterility and potency testing** - batches are tested to confirm they are clean and that the strength matches the label.
- **A COA tied to your batch** - a certificate of analysis is the lab report for that specific lot number, not a generic document on a website.
- **An expiration date** - because the pharmacy stands behind the product only as long as it has verified it lasts.
- **Cold-chain shipping** - temperature-controlled packaging, because many peptides break down when they get warm.

CHAPTER 4

Why the price gap exists

Real medication costs more for a boring reason: a lot of people did a lot of verified work before it reached you.

Behind every legitimate vial, someone paid for:

- A licensed provider's time to evaluate you
- A sterile facility built and maintained to pharmacy standards
- Licensed pharmacists and technicians to prepare it
- Sterility and potency testing on the batch
- Inspections, licensing, and records that can be audited
- Temperature-controlled shipping
- A real business that answers the phone when something is wrong

Now look at the $29 price tag again. That price is only possible because **none of that happened**. No evaluation. No sterile standard for human use. No verified testing. No one accountable.

> Some things you shop for the deal. A parachute is not one of them - and neither is something you inject.

The gap between $29 and real medication is not a markup. It is the cost of every step that turns a chemical into medicine. When you see the low price, you are not seeing efficiency. You are seeing the missing steps.

This does not mean the most expensive option is automatically the best, either. It means price should be the *last* thing you compare - after you have confirmed the prescription, the pharmacy, and the testing. The next page shows you exactly how.

CHAPTER 5

The 2-minute source check

Seven questions. Run them on any peptide source - including us. A legitimate source answers all seven easily.

☐ **Is a prescription required?** If no - walk away. That is the whole check.

☐ **Can they name the pharmacy that fills it?** A real operation tells you exactly which pharmacy prepares your medication.

☐ **Is that pharmacy licensed?** 503A (check the state board of pharmacy) or 503B (check the FDA's registry of outsourcing facilities).

☐ **Does the vial arrive with your name, the pharmacy's name, a lot number, and an expiration date?** All four. Every time.

☐ **Can they show a COA for your batch?** A certificate of analysis matched to your lot number - not a sample report from the website.

☐ **Is there a real medical team you can reach?** Named people, a real phone number, answers when you have a question or a side effect.

☐ **Does the site say "research purposes only" or "not for human use" anywhere?** If yes - automatic no. No exceptions, no discount code changes this.

Keep this page. Screenshot it. The next time a too-good price shows up in your feed, you have a two-minute way to check it.

CHAPTER 6

Red flags: the roundup

One red flag is a question. Two or three together are an answer.

Rock-bottom prices

A vial priced like a phone accessory has skipped the steps that make it medicine. See Chapter 4.

No prescription, no questions

If a site will sell to anyone with a card number, it is not practicing medicine - it is shipping chemicals.

"Research chemicals" language

"For research purposes only," "not for human consumption," "lab use" - anywhere on the site, in any size print.

No pharmacy named

Vague phrases like "our labs" or "premium facilities" instead of a pharmacy name and license you can verify.

No lot numbers, no expiration dates

An unlabeled or barely labeled vial cannot be traced, recalled, or tested after the fact.

An influencer's discount code is the only trust signal

A promo code is marketing - not a license, an inspection, or a lab result. A creator being paid to post is not the same as a pharmacy being inspected.

Miracle claims

"Reverses aging." "Melts fat overnight." Real providers talk about what a treatment may help with, what it will not do, and who should not take it.

HOW HYDRIP DOES IT

The same check, run on us

We would rather show you our answers than ask you to trust us.

1

Consult and labs first

Every Hydrip plan starts with a consultation - telehealth, from any U.S. state - and lab work where it matters. No plan is sold off a shelf, and if a treatment is not a fit for you, we will tell you that instead.

2

Prescription through licensed compounding pharmacies

When a provider prescribes a peptide, it is filled by licensed compounding pharmacies (503A/503B) - the regulated system described in this guide, with batch testing, lot numbers, and expiration dates.

3

Shipped to you, with support

Your medication ships to your home with your name on it, in temperature-controlled packaging where needed. And you are not on your own after it arrives - Jessica Kulina, RN, and the Hydrip team are a call or text away with questions.

Want a hand checking a source - or starting properly?

DM **"REAL"** to **@hydripwellness** on Instagram and we will send you this guide and answer questions.
Start an intake anytime: **https://tally.so/r/3jRy6J**
Or call or text us: **(480) 480-3747**

IV therapy is the one Hydrip service that stays local - done in person by a nurse in the Phoenix area. Telehealth treatments ship to patients at home.

THE HONEST FINE PRINT

What this guide is - and is not

This guide is education only. It is not medical advice, and it does not replace a conversation with a licensed provider about your own health, history, and goals.

One distinction matters, and we will state it plainly because it is the reason this guide exists:

Peptides are a mixed group. Some are FDA-approved drugs, sold under brand names through regular pharmacies. Many compounded peptides, however, are *not* FDA-approved as finished products - the FDA does not review compounded medications for safety and effectiveness before they are made the way it reviews manufactured drugs.

That is not a secret, and it is not a reason to panic. It is exactly why the system around the medication matters so much: a licensed provider who evaluated you, a licensed compounding pharmacy working under 503A or 503B rules, batch testing you can ask to see, and a medical team you can reach. When a finished product has not gone through FDA approval, the licensing and testing around it are the safety net - and a $29 research vial has none of it.

If you are considering any peptide treatment, talk to a licensed provider about whether it fits your situation, what the evidence does and does not show, and what the alternatives are.

The short version of everything in this guide: if it goes in your body, it should come with a prescription, a named and licensed pharmacy, a lot number, and a team you can call. Anything less is a lab chemical with good marketing.

Learn more

U.S. Food and Drug Administration - "Compounding and the FDA: Questions and Answers":
https://www.fda.gov/drugs/human-drug-compounding/compounding-and-fda-questions-and-answers
U.S. Food and Drug Administration - "Understanding the Risks of Compounded Drugs":
https://www.fda.gov/drugs/human-drug-compounding/understanding-risks-compounded-drugs
To verify a pharmacy: your state board of pharmacy (for 503A) or the FDA's registered outsourcing facilities list (for 503B).

Real Meds, Not Research Chemicals - a free guide from Hydrip Wellness (hydrip.co). Questions: DM @hydripwellness on Instagram or call/text (480) 480-3747.