PEPTEYE

Supplier Evidence Register

INDEPENDENT PEPTIDE SUPPLY-CHAIN EVIDENCE DILIGENCE

> This is a de-identified specimen showing the structure and method of a PeptEye Supplier Evidence Register. It is based on a real public-source reconstruction; the subject clinic did not commission the work. The clinic has been de-identified and all quoted material paraphrased. The structure, method and limits are those of the full deliverable.

What this is

An independent reconstruction of the documentary evidence supporting a clinic's peptide supply chain — what can be established from public record, what cannot, and what only the clinic's own files can answer.

What it is not: a test of any product, a statement about the contents of any vial, a legal opinion, or an allegation of wrongdoing.

> **Documentary verification establishes whether a document is genuine and whether a record exists. It establishes nothing about the material in the vial. A complete evidence file and a defective product are fully compatible.**

Three states, kept separate on every line

The register distinguishes three things that are routinely conflated. The distinction is load-bearing and it is preserved throughout.

VERIFIED	Established from a primary source, dated.
NOT LOCATED	Looked for thoroughly; not found in the public record.
NOT CHECKED	A source exists but could not be reached. **Never reported as absent.**

Subject

CLINIC	Southwest US · single location · three named clinicians
ESTATE	31 named compounds across 9 clinical categories
SUPPLIERS IDENTIFIED FROM PUBLIC RECORD	**0**
SOURCES	14 pages on the clinic's domain · full sitemap · FDA bulks-list and advisory-committee records · state statute and administrative code · three third-party directories
RETRIEVED	Single date, recorded per finding

LAYER ONE

Published treatment estate

What the clinic states it offers.

31 compounds across 9 categories: tissue healing and recovery · immune modulation · aesthetic and skin · mitochondrial energy · hormone and growth-hormone axis · neurological and cognitive · gut health · metabolic health · longevity.

The estate is published as narrative prose under category headings — not a formulary grid, not service cards, and with no price beside any compound.

> **Recorded as a positive observation.** The clinic voluntarily flags that several items grouped in its peptide section are not peptides at all, naming four of them. Very few clinics do this. It indicates an estate assembled with care rather than copied.

LAYER TWO

Published sourcing assertions

The exact claims, and their scope.

The clinic asserts, **in five separate places across its site**, that its supply is sourced through licensed 503A US compounding pharmacies. The formulations are categorical — the entire formulary, all peptides, everything prescribed.

Scope: universal. No *most*, *some*, *typically* or *generally* appears in connection with sourcing anywhere on the site. In a 52-clinic register, this is the least hedged sourcing claim recorded.

Three qualifiers the clinic does publish

Recorded because they bear on how the rest of the file reads.

- That a compounded preparation is not itself an FDA-approved product.
- That compounding availability for any named compound is subject to change under federal bulk-substance rules, and that an unavailable compound will be substituted after discussion.
- An explicit refusal of the research-chemical channel, including a statement that the clinic will not build protocols around material a patient sourced outside the clinical channel.

> **Assessment.** The clinic has thought about provenance and has committed publicly. That is the correct frame for everything that follows — this is not a file about evasion.

LAYER THREE

Publicly verifiable entity and evidence layer

What the public record can and cannot establish.

3.1 Named pharmacy NOT LOCATED

No compounding pharmacy is named anywhere in public.

Established by exhausting the domain — 14 pages including the treatment page, clinic, contact, supplements, adjacent service pages, privacy policy, terms, notice of privacy practices, all clinician pages, and the complete sitemap — plus three third-party directories and targeted search.

The claim is always the category, never the counterparty. In four of the five instances the reference is **plural**, implying multiple pharmacy relationships, none disclosed.

> **Context, and it matters:** across a 52-clinic register, not one clinic names its compounding pharmacy. This is the market norm, not a deviation. Supplier identity resolution is the normal first stage of this work.

3.2 Named laboratory NOT LOCATED

Zero occurrences across the entire domain of: certificate of analysis · COA · third-party testing · batch number · lot number · purity percentage · potency testing · sterility testing · QR code · laboratory name · portal link.

A total absence, not a weak presence.

The clinic does not overstate. There is no claim that documentation exists, and no "available on request" language. The evidentiary layer is not claimed. That distinguishes this file materially from clinics that promise documentation they do not hold — a distinction recorded explicitly, because it is to the clinic's credit.

The gap is therefore precise: provenance is asserted, categorically, five times. Verification is never asserted at all.

3.3 Regulatory record for the estate VERIFIED

Recorded as published fact, **per compound**. No conclusion is drawn about the lawfulness of anything — legal characterisation is a question for the clinic's counsel, and the register is built so counsel can answer it.

> **The estate does not resolve to a single answer, and the register does not give it one.** Of the 31 compounds, some are the active ingredient of an approved finished drug product, some are unapproved substances with a withdrawn nomination, and one carries an active agency safety designation. Sorting them is the work.

CHECK	PRECISE QUESTION ASKED
503A bulks list	Does the substance appear on the FDA 503A bulk drug substances list?
503B bulks list	Does it appear on the 503B list? *That list contains five substances in total. No peptide appears on it — a short, closed, decisive check.*
Approved finished product	Is there an FDA-approved finished drug product whose active ingredient is this substance? *This is a narrower question than "is it approved," and the register asks it that way deliberately.*
Active safety designation	Does FDA currently identify it as presenting a significant safety risk for compounding?

How this estate sorted

- **A minority of compounds are the active ingredient of an approved finished drug product.** These are recorded as such, individually and by product. They are not swept into a blanket finding, and a register that did so would be wrong.
- **The eleven principal compounds in the estate's core categories are not.** None appears on either bulks list, and none is the active ingredient of an approved finished product. Ten of the eleven sit in no category at all — their nominations were withdrawn by the nominators, leaving them undesignated, with withdrawal dates unpublished. A favourable but **non-binding** advisory-committee recommendation exists for several; agency scientists had recommended against all of them, and rulemaking has not begun.
- **One compound carries an active FDA safety designation**, flagged individually with the agency's stated concern reproduced verbatim.

One nomenclature trap the register catches: the agency's entry for one compound covers a *fragment*, while the clinic publishes the full-length name. They are not interchangeable, and the distinction is invisible unless both records are read side by side.

> *Terminology note: the wording of the "approved finished product" check is pending confirmation by healthcare regulatory counsel. The distinction between an active ingredient, an approved finished drug product, and a compounded preparation containing that ingredient is precise, and this register states it precisely rather than loosely.*

3.4 Professional licences NOT CHECKED

The relevant state board provides **no online verification**. Confirmation requires a mailed paper form and a small fee.

This is recorded as not checked. It is not a null result, and it is not reported as one. The register asserts nothing about licence status in either direction.

The clinic publishes two of the three licence numbers itself, which makes the confirmation straightforward once commissioned.

3.5 Business entity NOT CHECKED

The state corporate registry could not be queried programmatically. Noted additionally: the trading name may differ from the filed legal name, so a null on the trading name would not establish absence of an entity.

3.6 One wording gap VERIFIED

A compound on the prescription formulary also appears elsewhere on the same site as a retail supplement, sold through a consumer brand rather than a compounding pharmacy.

The likely explanation is straightforward — an oral supplement is plausibly a different category from an injectable prescription formulary, and that distinction may be entirely sound. But the categorical wording does not carve it out, and the same compound appears in both channels.

Recorded as a wording gap, not as evidence of channel deviation. It is cheap to fix now and expensive to explain later.

LAYER FOUR

Unresolved diligence questions

What only the clinic's internal records can answer. These are the questions the public record cannot close, and they are the substance of the engagement.

	QUESTION	WHY IT CANNOT BE ANSWERED EXTERNALLY
1	Which pharmacies supply the formulary, and does the set differ by compound?	No pharmacy is named in any public source
2	Do those pharmacies supply certificates of analysis — per batch, or on request?	No documentation is published or claimed
3	Who reviews them, and against what standard?	No review process is described publicly
4	Could documentation for a specific dispensed lot be produced today?	No batch or lot identifier appears anywhere

	QUESTION	WHY IT CANNOT BE ANSWERED EXTERNALLY
5	Is the retail-channel product intended to sit outside the categorical claim?	The published wording does not distinguish them
6	Is the one compound carrying an active safety designation reflected in current protocols?	Protocols are not published
7	Confirmation of licence status, or consent to obtain it	The board offers no online route

Limits

- **All findings are dated**, and describe published information on that date. Sites change; the regulatory position is in motion.
- **Absence of a public record is not absence of a record.** Every finding in Layer Three concerns what is *published*, never what the clinic holds internally. This distinction is load-bearing and is preserved on every line.
- **Advisory-committee vote margins are trade-press sourced.** The agency has published no results document; two margins are unverified and are marked as such.
- **Two registries were not reached.** Neither is reported as a negative.
- **No conclusion is drawn about the lawfulness of anything.**

What the register revealed

A clinic making the most categorical provenance claim in a 52-clinic register publishes **no pharmacy, no laboratory, no certificate, no batch identifier and no purity figure** — while never claiming documentation it does not hold.

Its estate is also not uniform: a minority of the compounds it prescribes are the active ingredient of approved finished drug products; most are not; one carries an active safety designation. A single sentence cannot describe it, which is the reason the register works compound by compound.

The gap is not between claim and evidence. **It is between a claim made absolutely and an evidence layer that does not currently exist in public form.** Whether it exists internally is question 1 through 7 above.

Everything in Layers One to Three was established before any contact with the clinic, from its own website and public federal and state records.

The remaining gaps are the parts only your internal records can answer.

PeptEye is an independent evidence-research operation. We reconstruct US supplier and regulatory records from primary sources. We do not provide medical or legal advice and we do not test product.

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