

ANONYMOUS SUBJECT DEMOGRAPHICS

Age: 48 | Biological Sex: Male | Clinical Mandate: Art. 394 CO (Auftragsrecht)

TECHNICAL BATCH CONCORDANCE AUDIT

CHEMICAL PURITY DOES NOT CONSTITUTE SAFETY

1. AUDITED PEPTIDE FORMULATION & BATCH ANALYTICAL TRACEABILITY

COMPOUND (CANONICAL)	STATED REGIMEN	LOT NUMBER & MANUFACTURER	HPLC PURITY	RELEASE ASSAY
BPC-157	500mcg (daily)	PS-BPC157-9842 [Peptide Sciences]	98.4%	FAIL: ADULTERATED
TB-500 (Thymosin B4)	2.5mg (weekly)	STL-TB4-2026-09 [MISMATCH: Thymosin Beta-4 (Full)]	ANOMALY	MISLABELED LOT
CJC-1295 (No DAC)	200mcg (daily)	CAN-CJC-DAC-401 [MISMATCH: CJC-1295 (DAC)]	ANOMALY	MISLABELED LOT
Retatrutide	2mg (weekly)	PS-RET-1094 [Peptide Sciences]	99.7%	PASS (Ph. Helv.)

2. ONCOLOGIC INTERACTION TENSOR (HOIT) & PATHWAY SURVEILLANCE

(Receptor target concordance & mitogenic coupling)

CRITICAL SYNERGY: Angiogenesis-Mitogenesis Proliferative Coupling [CRITICAL HAZARD]

Concurrently stimulating VEGF capillary sprouting alongside IGF-1/Akt mitogenic anti-apoptotic signaling removes the two primary physiological rate limits on solid tumor expansion.

* BPC-157: Clear Cell Renal Cell Carcinoma (ccRCC) (Genitourinary) -> Absolute Contraindication. Pathway: Pathologic Neovascularization.

* BPC-157: Colorectal Adenocarcinoma (CRC) (Gastrointestinal) -> High Hazard. Pathway: Pathologic Neovascularization.

3. CLINICAL SURVEILLANCE PROTOCOL: PHYSICIAN LABORATORY REQUISITION

(Order baseline biomarker panels below prior to administration)

- ☐ Abdominal Ultrasound / CT Urogram
- ☐ Abdominal Ultrasound / FibroScan
- ☐ Abdominal imaging if high risk

- ☐ Baseline IGF-1
- ☐ CEA tumor marker
- ☐ Chest X-ray

ATTENDING CLINICIAN REQUISITION ATTESTATION & CLINICAL AUTHORIZATION (Art. 394 CO):

By signing below, the attending clinician acknowledges that Helvetide provides analytical chemical batch repository data only and assumes zero clinical liability. The prescriber retains sole clinical responsibility for evaluating patient suitability and authorizes the indicated surveillance panels under independent medical judgment.

ATTENDING CLINICIAN / PRESCRIBER

DATE & CLINICAL AUTHORIZATION

PRACTICE STAMP / INSTITUTION

Printed Name & GLN / State Medical License #

Signature of Licensed Attending Physician

[Official Clinic Stamp]

4. MULTI-JURISDICTIONAL REGULATORY & LEGAL GOVERNANCE CODEX

SWITZERLAND (CH) JURISDICTION

* Art. 394 CO (Auftragsrecht): Technical mandate.

Provides objective chemical batch analytics. Does not establish a doctor-patient relationship with Helvetide.

* Art. 944 OR (Wahrheitsgebot): 100% compliant.

Independent private Swiss laboratory repository; operates with zero public or cantonal authority.

* Swiss Therapeutic Products Act (HMG / TPA):

Unapproved research oligopeptides. Not cleared by Swissmedic for autonomous human use.

EUROPEAN UNION (EU) JURISDICTION

* Regulation (EU) 2017/745 (EU MDR):

Classified as Non-Device Educational Reference under MDCG 2019-11 Rev. 1. Zero automated clinical scoring.

* European Pharmacopoeia (Ph. Eur.) Standards:

Assays conform to Ph. Eur. 2.2.29 (HPLC purity) and Ph. Eur. 2.6.14 (Bacterial Endotoxin).

* Chemical Purity vs Biological Safety:

Purity validates physical molecule integrity only. Does NOT establish in vivo clinical safety.

UNITED STATES (US) JURISDICTION

* 21 CFR Sec. 312.32 (IND / Research Chemicals):

Investigational research chemicals. Not approved by FDA to diagnose, treat, cure, or prevent disease.

* 21 U.S.C. Sec. 360j(o)(1)(E) (21st Century Cures):

Excluded from Medical Device definition as non-device Clinical Decision Support (CDS) reference.

* Independent Medical Judgment Mandate:

Attending physician retains exclusive clinical responsibility. Not intended for retail consumer use.

MANDATORY CLINICAL DIRECTIVE: CHEMICAL PURITY DOES NOT CONSTITUTE BIOLOGICAL SAFETY

The Helvetide Standard seal certifies exclusively that tested physical lots meet analytical laboratory release specifications (identity, purity, endotoxin, sterility). It does NOT warrant biological safety, non-toxicity, or non-oncogenicity in vivo. Absence of documented oncologic evidence does NOT establish safety.