PeptideStacks.ca

COMMUNITY-REPORTED RESEARCH SUMMARY

NAD+

500 MG and 1000 MG

Preparation examples, syringe conversion, gradual community-reported patterns and evidence limitations.

PRODUCT SCOPE

Live PeptideStacks variants: 500 MG and 1000 MG

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NAD+ - preparation and dose math

These are calculation examples only. The concentration assumptions below are explicit so syringe units are never separated from vial strength and diluent volume.

500 MG vial example

Add 2.5 mL bacteriostatic water

Concentration: 200 mg/mL

Each U-100 unit = 2 mg

1000 MG vial example

Add 5.0 mL if vial capacity allows

Concentration: 200 mg/mL

Each U-100 unit = 2 mg

Conversion table

Reported amount	500 MG setup	1000 MG setup
20 mg	10 units	10 units
40 mg	20 units	20 units
60 mg	30 units	30 units
100 mg	50 units	50 units

CALCULATION CHECK

Always recalculate from the actual vial strength and diluent volume. A U-100 unit is 0.01 mL; it is not a dose by itself.

NAD+ - community-reported patterns

Anecdotal summary of the cited community discussions. These observations are descriptive, not a recommendation or evidence of safety or efficacy.

Recurring report	Frequency seen	Context in reports
20-40 mg	One to three times weekly	Lower-start reports
40-100 mg	Two to three times weekly	Most recurring range
100 mg or more	Intermittent in some reports	Higher experimental use

What recurred across reports

- Community discussions most often centered on energy, mental clarity and recovery from fatigue.
- Gradual increases from 20 mg toward 100 mg appeared more often than beginning at the highest reported amount.
- The 500 MG and 1000 MG examples use the same concentration, so syringe conversion remains identical.

Important limitations

- Direct human evidence for subcutaneous NAD+ schedules is limited, and community reports do not establish an appropriate dose or benefit.
- Vial capacity must be confirmed before adding 5 mL. If a different volume is used, the concentration and syringe conversion must be recalculated.

Important Medical Disclaimer

EDUCATIONAL INFORMATION ONLY

This document summarizes calculation examples and community discussion about NAD+. It is not medical advice, a prescription, a diagnosis, a treatment plan, or a recommendation to use, inject, purchase, compound, or administer any product.

COMMUNITY REPORTS ARE NOT CLINICAL EVIDENCE

Online community posts are self-reported, uncontrolled, may be inaccurate, and cannot establish identity, purity, dosing accuracy, safety, efficacy, or causation. The ranges shown describe what was reported; they do not define an appropriate dose.

PROFESSIONAL DIRECTIONS PREVAIL

Use only under the direction of a licensed healthcare professional and qualified dispensing pharmacy. Follow the supplied concentration, diluent, storage, beyond-use date, injection technique, monitoring and individualized directions.

RECONSTITUTION AND INJECTION RISK

Incorrect concentration, syringe selection, unit conversion, handling, storage or sterile technique can cause unintended dosing, contamination, infection, abscess, tissue injury or allergic reaction.

WHEN TO SEEK URGENT CARE

Stop and seek urgent medical attention for trouble breathing, facial or throat swelling, fainting, chest pain, severe confusion, persistent vomiting, or signs of a serious injection-site infection.

SOURCE BASIS

PubMed literature search: nicotinamide adenine dinucleotide supplementation - https://pubmed.ncbi.nlm.nih.gov/?term=nicotinamide+adenine+dinucleotide+supplementation - retrieved 2026-08-21