



MITOMAX™ Sequential Reconstitution Protocol

A precision triple-peptide system engineered for mitochondrial optimization and metabolic recomposition. MITOMAX™ consolidates SS-31 (30 mg), MOTS-C (20 mg), and 5-Amino-1MQ (10 mg) into a single-vial delivery system using sequential reconstitution methodology.

CATEGORY

Mitochondrial Optimization & Recomposition

Compound Profile

Three synergistic peptides targeting distinct mitochondrial pathways for enhanced cellular energy production, metabolic flexibility, and body composition optimization.

SS-31

30 mg · Mitochondrial membrane stabilization

MOTS-C

20 mg · Metabolic gene regulation

5-Amino-1MQ

10 mg · NNMT inhibition for fat oxidation



Sequential Mixing Instructions

Single-Vial Consolidation Method

This protocol requires precise order of operations to maintain compound stability and ensure proper dissolution. Each step builds upon the previous, creating a consolidated solution with optimal bioavailability. Work in a clean environment using sterile technique throughout.

Step 1 – Reconstitute MOTS-C

01

Add Bacteriostatic Water

Draw 2.0 mL bacteriostatic water using a sterile syringe. Pierce the MOTS-C 20 mg vial's rubber stopper at a slight angle. Inject the water slowly down the inside wall of the vial, not directly onto the lyophilized peptide powder.

03

Visual Confirmation

Inspect the solution against a light source. The reconstituted MOTS-C should be perfectly clear with no cloudiness, particulates, or discoloration. If any abnormalities are present, do not proceed.

02

Gentle Dissolution

Swirl the vial gently in circular motions until the powder is fully dissolved. The solution should be clear with no visible particles. Do not shake vigorously as this can denature the peptide structure. Allow 60–90 seconds for complete dissolution.



Step 2 — Transfer to SS-31


Withdrawal Phase

Using the same syringe or a fresh sterile syringe, withdraw the entire 2.0 mL from the MOTS-C vial. Ensure complete transfer by tilting the vial and drawing from the bottom. Expel any air bubbles by gently tapping the syringe and pushing the plunger until liquid appears at the needle tip.

Injection Phase

Inject the full 2.0 mL solution into the SS-31 30 mg vial using the same slow, down-the-wall technique. Swirl gently until the SS-31 powder is completely dissolved. This may take slightly longer than MOTS-C due to the higher peptide concentration. Wait until solution is crystal clear before proceeding.

- ❏ Critical: Maintain sterile technique throughout all transfers. Never reuse needles between vials. Consider using a fresh needle for each puncture to prevent rubber stopper coring.



**Sterile
Solution**
For Clinical Use Only

Step 3 — Transfer to 5-Amino-1MQ

1

Final Withdrawal

Draw the complete solution from the SS-31 vial. You should have approximately 2.0 mL containing both MOTS-C and SS-31 in solution.

2

Final Consolidation

Inject into the 5-Amino-1MQ 10 mg vial. Swirl gently until fully dissolved. All three compounds are now consolidated.

3

Storage

Label the vial with reconstitution date. Store refrigerated at 2–8°C. Use within 30 days of reconstitution.

Final Concentration Reference

After completing the sequential mixing protocol, your single consolidated vial contains all three peptides at therapeutically relevant concentrations. This dosing chart allows for precise titration based on individual goals and response. Total volume remains 2.0 mL regardless of how much has been used.

2.0

Total Volume

Milliliters in final consolidated vial

1.5

SS-31 Per 0.1 mL

Milligrams per 10 units on insulin syringe

1.0

MOTS-C Per 0.1 mL

Milligrams per 10 units on insulin syringe

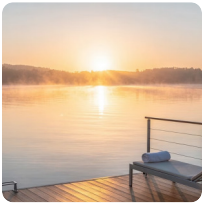
0.5

5-Amino-1MQ Per 0.1 mL

Milligrams per 10 units on insulin syringe

Dosing Protocols by Objective

MITOMAX™ dosing should be matched to individual metabolic goals and training status. Start at the lower end of your target protocol range and assess tolerance over 7–10 days before increasing. Fasted administration maximizes metabolic signaling and fat oxidation effects.



Longevity / Metabolic Health

20 units · 3× weekly

AM fasted administration preferred. Supports baseline insulin sensitivity, mitochondrial repair capacity, and gradual fat oxidation. Ideal for health-span optimization without aggressive recomposition goals. Subcutaneous injection in abdominal region.



Fat Loss / Performance

30–40 units · 5× weekly

AM fasted or 30–45 minutes pre-training. Enhances metabolic flexibility, improves substrate utilization during exercise, and accelerates fat mobilization. Appropriate for active individuals seeking moderate recomposition alongside training programs.



Aggressive Recomp

50 units · Daily, 5–6× weekly

Fasted AM administration non-negotiable. Maximum mitochondrial optimization for rapid body composition changes. Run for 4–6 week cycles followed by 2-week washout periods. Reserved for experienced users with clearly defined recomposition goals and metabolic monitoring.



Injection Technique & Site Selection

Administration Method

Route: Subcutaneous injection only

Equipment: 31-gauge insulin syringe (0.3–0.5 mL capacity)

Preferred Sites: Abdominal region or love handle area

Rotation: Rotate injection sites with each dose to prevent lipohypertrophy and maintain absorption consistency

Preparation

Wipe injection site with alcohol swab. Allow to air dry completely before proceeding.

Injection

Pinch skin to create fold. Insert needle at 45–90° angle. Inject slowly over 3–5 seconds.

Post-Injection

Withdraw needle smoothly. Apply gentle pressure with clean gauze if needed. Do not rub site.

Mechanism Positioning

MITOMAX™ operates through mitochondrial throughput optimization rather than sympathetic nervous system stimulation. This distinction is critical for setting appropriate expectations and understanding the compound's mechanism of action.

Not a Stimulant Stack

This protocol does not rely on adrenergic receptor activation or CNS stimulation. You will not experience jitteriness, elevated heart rate, or acute energy spikes characteristic of stimulant-based compounds. The mechanism is mitochondrial, not neurological.

Progressive Fat Loss

Body composition changes become more evident as metabolic flexibility improves. Fat loss occurs through enhanced oxidative capacity and improved substrate partitioning rather than appetite suppression or thermogenic stimulation. The process feels effortless rather than forced.

Quiet Energy Improvement

Energy enhancement manifests gradually as mitochondrial function improves over 7–14 days. Users report sustained baseline energy levels, reduced afternoon fatigue, and improved work capacity without the peaks and crashes associated with stimulants. This is cellular efficiency, not forced arousal.

Compounding Recovery

Recovery capacity improves as mitochondrial repair mechanisms are upregulated. Training adaptation accelerates, soreness resolves more efficiently, and cellular resilience increases. This creates a positive feedback loop for continued progress across multiple training cycles.

MITOMAX™ — Executive Summary

Compound Profile

SS-31 30 mg · MOTS-C 20 mg · 5-Amino-1MQ 10 mg

Sequential Reconstitution

1. Add 2.0 mL bacteriostatic water to MOTS-C vial
2. Transfer entire solution to SS-31 vial
3. Transfer entire solution to 5-Amino-1MQ vial

Final volume: 2.0 mL (single consolidated vial)

Concentration Per 0.1 mL (10 units)

- SS-31: 1.5 mg
- MOTS-C: 1.0 mg
- 5-Amino-1MQ: 0.5 mg

Dosing Protocols

- Longevity/Metabolic Health: 20 units, 3× weekly
- Fat Loss/Performance: 30–40 units, 5× weekly
- Aggressive Recomp: 50 units, 5–6× weekly (4–6 week cycles)

Administration

Subcutaneous injection · AM fasted preferred · Rotate injection sites