PUBLIC SAFETY REPORTING

Unregulated & Grey-Market Peptide Sourcing: A Reference Compilation

A curated collection of publicly available government health alerts, regulatory agency data, and peer-reviewed case reports concerning unregulated and grey-market peptide products, compiled from public sources across five jurisdictions.

This document compiles publicly available government health alerts, regulatory agency data, and peer-reviewed case reports. It is not an independent safety assessment, is not a clinical or diagnostic tool, and does not describe any AJ Peptide LLC product, supplier, or pharmacy partner. Every entry below retains attribution to its original public source; readers are encouraged to consult the original source directly.

Compiled August 2026. AJ Peptide LLC sources exclusively through licensed U.S. 503A compounding pharmacies and does not sell or distribute research-use-only or unregulated peptide products.

Australia — Victoria Acute Liver Injury Cluster (Retatrutide)

Since January 2026, the Victorian Department of Health identified six cases of acute liver injury in individuals who had used an unapproved peptide product labeled as retatrutide. Health officials indicated the toxicity may be linked to a contaminant found across products labeled "Retatrutide" — meaning the risk was not confined to a single vendor's batch — and noted that similar cases could exist in other Australian states. The affected products were reportedly sourced online, through personal contacts, and through social media.

Sources: Victorian Department of Health — health alert · TGA/CMO joint statement, 19 June 2026 · RACGP newsGP coverage

United Kingdom — Reported Death & MHRA Signal (Retatrutide)

A man in his 30s in the UK died after reportedly using a product sold as retatrutide, with complications noted following use. The UK's MHRA recorded 77 suspected retatrutide side effects through its Yellow Card reporting scheme over the preceding year.

Important caveat: per BMJ fact-checking and independent expert commentary, causation in this case has not been established. The MHRA data reflects what patients reported while using the product, not a confirmed causal link, and experts have cautioned that the death itself may not be attributable to the product.

Sources: Mahase E. BMJ. 2026;394:e100245 (PMID 42425580) · UNILAD coverage, incl. Eli Lilly statement

United States — Hospitalizations, Poison Control Data & Case Reports

Retatrutide — FDA Adverse Event Monitoring System

As of June 2026, the nonprofit Public Citizen documented 14 reported hospitalizations connected to retatrutide via FDA's Adverse Event Monitoring System. The FDA has sent 14 warning letters to retatrutide vendors since 2024; as of May 2026, 11 of those companies were reportedly still advertising the product and 8 were still actively selling it.

Retatrutide — Poison control surge

US poison control centers recorded human exposures to unregulated retatrutide averaging 95 monthly cases in the first four months of 2026 — a 265% increase from the final months of 2025. A CBS News investigation identified more than 120 websites and over 50 clinics selling or promoting the product without approval.

Compartment syndrome — published case report

Lamour D, et al. "Exogenous Peptide Injection Causing Medial Thigh Compartment Syndrome." J Emerg Med. 2024;66(4):e526–e529 (PMID 38461135). The first documented case of an exogenously injected peptide causing compartment syndrome: a 43-year-old man developed acute compartment syndrome of the thigh with a large hematoma after injecting a "peptide cocktail" three days prior — a limb-threatening emergency requiring surgical management.

BPC-157 — FDA FAERS data (cited in PCAC briefing, July 2026)

Three FAERS case reports were tied to compounded/grey-market BPC-157 use: a 55-year-old woman with nine days of injection-site redness and swelling (with concurrent compounded thymosin use); a 28-year-old man who experienced shortness of breath after subcutaneous injection; and a patient who developed diffuse hyperpigmentation and gingival darkening after using a blended BPC-157/TB-500 product labeled "research purposes only."

Sources: Public Citizen investigation · FDA PCAC Briefing Document · PubMed / ScienceDirect (compartment syndrome case)

Canada — Alberta Clinical Toxicology Case Series

The University of Calgary's Clinical Pharmacology & Toxicology service published a case series on unauthorized injectable peptides (April 2026), documenting four clinical presentations:

Case 1 — 66-fold GHK-Cu overdose

A 50-year-old woman self-injected 132 mg of GHK-Cu (copper peptide) — a 66-fold dosing error resulting from an online purchase and reconstitution mistake. She was asymptomatic at presentation and was managed with home monitoring.

Case 2 — CJC-1295 acute reaction

An adult male injected CJC-1295 300 mcg subcutaneously for the first time and developed immediate diarrhea and difficulty swallowing saliva, without respiratory compromise. Symptoms resolved spontaneously.

Case 3 — Peptide polypharmacy with inflammatory response

An adult male injected multiple peptides (Alpha-1, 5-Amino-1MQ, tesamorelin) with an approximately 10-fold dosing error (~50 mg). He developed nausea, vomiting, myalgias, decreased urine output, and dark urine; labs showed a marked inflammatory response (CRP 151, WBC 24.6). He was managed supportively and discharged after improving.

Case 4 — Adolescent AKI and hypoglycemia

A 17-year-old male using hCG, anastrozole, IGF-1 LR3, and CJC-1295 over five days presented with acute kidney injury and metabolic alkalosis, which improved with IV fluids. He re-presented three days later with severe hypoglycemia despite cessation of use; the treating toxicologist raised concern for undisclosed exogenous insulin use.

Documented contamination data (same source)

Endotoxin was measurable in 8% of tested unauthorized peptide samples in one analysis, at levels capable of causing fever, chills, or septic shock. Purity in seized/tested products ranged as low as 5–75%. Falsified peptides have been found to contain arsenic at up to 10x ICH toxicity limits, along with lead and incorrect or absent active ingredients.

Source: University of Calgary Clinical Pharmacology & Toxicology, "Unauthorized Injectable Peptides" (April 2026 PDF)

Belgium / EU — Regulatory Seizure Analyses (Sciensano / FAMHP)

Belgium's national public health institute has run the longest-running systematic seizure-analysis program on falsified peptide drugs documented in the literature, with directly relevant contamination findings:

Janvier S, Cheyns K, Canfyn M, et al. "Impurity profiling of the most frequently encountered falsified polypeptide drugs on the Belgian market." Talanta. 2018;188:795–807.

Analysis of the ten most frequently seized falsified peptides (2009–2017) found that overall material content varied significantly between vials of the same labeled product; multiple samples were contaminated with lead and arsenic above ICH toxicity limits, with all detected arsenic present in its more toxic inorganic form.

Janvier S, Wattijn E, Botteldoorn N, et al. "Are injectable illegal polypeptide drugs safe? Case report demonstrating the presence of haemolytic Bacillus cereus in 2 illegal peptide drugs." Drug Test Anal. 2018;10:791–795.

A direct microbiological contamination case report describing live pathogenic bacteria recovered from vials sold as injectable peptide products.

Vanhee C, Janvier S, Desmedt B, et al. "Analysis of illegal peptide biopharmaceuticals frequently encountered by controlling agencies." Talanta. 2015;142:1–10.

Cross-Jurisdictional Pattern

Every jurisdiction above converges on the same two failure modes: (1) contamination or mislabeling — heavy metals, endotoxin, live bacteria, or wrong/absent active ingredient — and (2) dosing or reconstitution error arising from unsupervised self-administration. Both are largely orthogonal to the pharmacology of the peptide molecules themselves. The pattern across these public records points to the unregulated supply chain and the absence of clinical oversight as the common variable — not the underlying compounds.

About This Compilation

This document was assembled from publicly available regulatory agency alerts, government health department communications, peer-reviewed case reports, and investigative reporting. Entries are presented with their original source citation so readers can verify and read further at the primary source. Inclusion of a case or finding in this compilation does not constitute a clinical or scientific determination by AJ Peptide LLC, and nothing in this document should be used as a substitute for guidance from a licensed medical provider.

Questions about this compilation, or about how AJ Peptide vets its pharmacy partners and testing standards, can be directed to support@ajpeptide.com or reviewed at ajpeptide.com/know-your-vial.