CHURCH OF PEPTIDES / THE 60-SECOND GUIDE

TB-500

Laboratory identification · therapeutic benefit unestablished.



Guide prepared November 13, 2026 · profile review dates retained

KEEP IN MIND Evidence applies to the studied formulation, route, population and outcome—not every product sharing a name.

01 What is it?

TB-500 is a name used for products associated with thymosin beta-4 research. The exact peptide matters: a short fragment and the full-length molecule are different substances, and neither a familiar name nor a related mechanism proves injury recovery. [1]

02 Potential benefits

Thymosin beta-4 biology includes actin binding and cell-migration pathways. Those mechanisms motivate research into repair and regeneration. Evidence about native thymosin beta-4 cannot automatically be assigned to every TB-500 product. [1]

03 Evidence & its limits

The WADA research identifies a fragment, not evidence that every commercial TB-500 product has the same composition. Studies of full-length thymosin beta-4 cannot establish the safety or efficacy of a fragment sold under this name. [1]

04 Risks & unknowns

Robust therapeutic human evidence for marketed TB-500 is lacking. Exact sequence, purity, sterility, and product identity may be uncertain. WADA prohibits thymosin beta-4 and derivatives including TB-500. [1]

05 Status & scope

Therapeutic benefit for marketed TB-500 is not established. Full-length thymosin beta-4 and its fragments are different substances; a marketing name does not ensure product identity. [1]

06 The question to ask

Does the evidence match the exact product, route, condition and outcome being discussed? Check the full record and its review dates. This summary is selective; the product label and clinical assessment contain additional warnings and contraindications.

SOURCES / Tap a reference to open

[1] Full evidence record, references and review dates

[2] WADA TB-500 research

[3] WADA prohibited list

Selective educational summary, not treatment or dosing advice. Existing profile review dates retained; no independent clinical review.