01 / CLAIM TRIAGE

Start with the exact claim

Write down what is actually being claimed before judging the source. A narrower claim is easier to verify and harder to quietly exaggerate.

CLAIM IN ONE SENTENCE

Use the original wording when possible

COMPOUND / PRODUCT

Exact molecule or formulation

CLAIM SOURCE + DATE

Post, ad, paper, podcast

First-pass checks

Tick only when verified

- [ ] The source tested the same molecule, fragment, salt, route, and formulation named in the claim.
- [ ] The study measured the claimed outcome, not only a biomarker or proposed mechanism.
- [ ] The evidence comes from humans in a population relevant to the claim.
- [ ] The comparison group and timeframe make the result interpretable.
- [ ] The regulatory statement names a jurisdiction, indication, product, and current date.

Claim-to-evidence gap

Circle one. The higher the number, the more inference separates the source from the claim.

1	2	3	4	5
Direct	Small gap	Material gap	Large gap	Unsupported

PRELIMINARY VERDICT: SUPPORTED / OVERSTATED / UNCLEAR / CONTRADICTED

02 / EVIDENCE LADDER

Grade the evidence, not the excitement

A study can be real and still be a weak basis for the claim. Record design, replication, population, endpoint, and molecule identity separately.

LEVEL A / Direct clinical evidence

Multiple credible human studies, a strong pivotal trial, or established regulatory evidence directly addressing the outcome and molecule.

LEVEL B / Limited or indirect human evidence

Some human evidence exists, but replication, sample size, endpoint relevance, formulation identity, or generalizability limits confidence.

LEVEL C / Preclinical, mechanistic, or speculative

Animal, cell, biomarker, uncontrolled, or otherwise indirect evidence. Useful for a hypothesis; insufficient to establish a human benefit.

Study extraction

One row per primary source

REFERENCE	DESIGN	POPULATION	MOLECULE / ROUTE	OUTCOME	MAIN LIMIT

Mismatch flags

- [ ] Full-length molecule cited for a marketed fragment or analogue
- [ ] Animal or cell result presented as an established human outcome
- [ ] Biomarker change presented as symptom, function, or survival benefit
- [ ] Conference release or company statement presented as peer-reviewed evidence
- [ ] Approved molecule presented as approved for a different indication or formulation

03 / SAFETY + REGULATION

Make the boundary conditions visible

Safety depends on the exact product, population, route, exposure, and evidence source. Regulatory status is equally specific.

JURISDICTION Country / agency

STATUS Approved / trial / preclinical

CHECKED YYYY-MM-DD

APPROVED PRODUCT AND INDICATION, IF ANY

Safety record

STUDIED POPULATION Who was actually studied

EXPOSURE WINDOW Follow-up duration

COMMON ADVERSE EVENTS REPORTED IN STUDIES OR LABELS

SERIOUS SIGNALS, CONTRAINDICATIONS, OR UNRESOLVED UNKNOWNS

Regulatory and sourcing red flags

- [ ] No regulator or jurisdiction is named.
- [ ] A research chemical is described as equivalent to an approved finished drug.
- [ ] A certificate of analysis is treated as proof of clinical safety or efficacy.
- [ ] The source omits route, formulation, storage, contamination, or identity uncertainty.
- [ ] A supplier testimonial is used in place of a primary safety source.

Do not collapse separate questions

Identity and purity testing may reduce some product uncertainty. They do not prove that a compound is clinically effective, appropriate, or safe for a person.

04 / SOURCE LOG

Leave an audit trail

Record the sources that materially changed your view. Prefer the label, trial registry, primary paper, or regulator page over a summary that cites them.

TITLE / SOURCE	YEAR	DOI / URL	CLAIM SUPPORTED	NOTES / LIMITS

LAST CHECKED YYYY-MM-DD

NEXT REVIEW TRIGGER New trial, label, safety alert, publication

FINAL EVIDENCE SUMMARY: WHAT THE BEST SOURCES SUPPORT AND WHAT REMAINS UNKNOWN

Citation habit

Link to the source that directly supports each material claim. A long reference list is not a substitute for claim-level citation.