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INTRO

If you're reading this, you're either on the fence about DIY, or you've made up your mind and just need somewhere to start. The main purpose of this guide is to clear some common misconceptions about DIY and being on T, and to point newbies in the direction of sources. This is geared towards trans men and transmasculine people, but I don't wish for it to be gatekept from anyone else considering T. Sharing is caring.

As of 07/2025, all lists are WIP. If I missed anything, feel free to comment.

PREEMPTIVE Q&A

Credentials?

None. I'm a trans man in the deep US south who's been transitioning via DIY for almost 2 years. HRT quite literally saved my life, so if this helps one other person then I believe a guide like this can only do more good than harm.

I'm **not** a medical professional and can't/won't give medical advice beyond "go see a doctor if you feel fucked up". This guide is a megadump of info gathered from scientific journals, medical studies, and personal trial-and-error.

Is DIY dangerous?

Unless you have a condition that would contraindicate a regular HRT regimen, or health issues that may be exacerbated by one, no. If you do, that's something you need to ask a licensed professional about.

Pharmaceutical-grade T has been available from clear net sources for years. It is no more dangerous than the testosterone you'd get from an endo and is in fact bioidentical to the form of testosterone the body naturally produces. The most you'll have to worry about is an under- or overdosed vial.

That being said, your health is your responsibility. It is on you to exercise proper caution and weigh any potential risks versus the benefits of starting T. Complications from HRT are exceedingly rare in otherwise healthy adults; the majority will be completely fine as long as they dose properly and monitor their levels. Dysphoria is a crippling mental condition; if you have no preexisting health issues and absolutely need to transition, it isn't worth worrying whether you'll be part of the 5-10% who experience adverse effects.

Can't someone just lace T?

This just doesn't happen. Raws are so cheap to source, T can be sold as-is for a high profit margin. Lacing a vial or satchet with anything means operating at a loss so severe you'd lose less money giving them away for free. Sellers want to make money, not poison a somewhat niche customer base. This isn't crack cocaine. Nobody is sprinkling fentanyl or ecstasy into bathtub-brewed hormones. Stay away from HGHs (long-term use of which is proven to be terrible for you anyway) and you'll be fine.

Also, most buyers of DIY T are cis men. Bodybuilders and gym bros have been sharing and vetting sources for decades. Lab tests for batches should always be readily available on whatever source you're buying from. If they're not, run. You can send a vial to a testing lab to cross-check and verify results, or test it yourself using a [steroid test kit](#).

Can I overdose on T?

No. You can't "overdose" on hormones. You can take a dose that's too high and experience temporary adverse effects, but unless you're going out of your way to dose a truly ridiculous amount, exogenous hormones can't do any permanent or life-threatening harm. Your body is a self-sufficient machine and will nip that in the bud for the sake of equilibrium.

Keep in mind that the maximum dose for a TRT regimen in hypogonadal cis men is 500mg, and the doses needed for transition are well below that.

Why should I DIY?

- You live in a place where HRT is illegal or hard to access.
- You aren't insured and can't afford to pay out-of-pocket for doctor visits.
- You don't want your medical records to out you to your family or government.
- Not being on T, or having to wait for T, poses a risk to your mental health.
- You don't want to jump through hoops to "prove" your transness. Informed consent clinics don't exist everywhere.
- You believe your doctor is underdosing or even mistreating you. A concerning amount of medical professionals are ignorant of trans healthcare at best and downright oppose it at worst.
- Any reason not listed above that makes DIY an appealing option to you.

What if I only want some effects?

You can't pick or choose which ones you'll get. If you're on T for long enough at a proper dose, you *will* masculinize. Terminal facial hair, scalp hair loss, bottom growth, and voice drops are all permanent and cannot be reversed without medical procedures, treatments, or voice training. If you'd find yourself unable to cope with any of these changes, you probably shouldn't take the gamble.

If full masculinization isn't your goal, look into anti-androgens like finasteride, dutasteride, or anything that reduces DHT. Bear in mind that these will slow down or block most androgenic effects of T. You'll likely see better results microdosing and stopping T once you achieve your desired goals.

What changes should I expect?

Everyone's timeline looks different, but the most drastic changes happen within the first year or two. Genetics and metabolization of T play the biggest roles here; expect to become the splitting image of a male family member. Here's a *very(!)* general timeline:

1-3 months

- Higher body temperature
- Increased libido
- Increased energy & hunger
- Amenorrhea and/or vaginal atrophy
- Face & body acne
- Oilier, coarser skin/hair
- Bottom growth
- Slight voice drop; voice training may become easier and not much else
- Changes in "scent" and sweat production

6 months - 1 year

- Noticeable increase in muscle mass
- Steep voice drop
- Fat redistribution, especially in the face
- Facial hair growth
- Scalp hair loss, if any, and masculinization of hairline
- Overall body hair growth, thickening of existing hair
- Noticeable bottom growth

1 year - onwards (max changes around ~5yrs)

- Full body fat redistribution
- Continued voice drops
- "Prostate" growth (the Skene's gland, the homologous structure to the prostate, might grow after 1+ year on T*)
- DNA methylation and some parts of the brain change to resemble cis men's

(*observed in small sample sizes; most studies were performed on animals)

BUYING CRYPTO

Not all sources require crypto, but most do. If you have regular internet access, it doesn't take more than a couple minutes to set up a wallet. Apologies for all the cryptobro links.

Cashapp

This is the most convenient method, but less secure and not available in all countries. Keep fees in mind when buying and sending; make sure you have a few BTC extra to cover them. If you've never sold or bought crypto with your account, you may be prompted for a one-time KYC verification.

[Buying and sending crypto on Cashapp](#)

Crypto wallets

Like Cashapp, most of these require KYC verification. They tend to be somewhat more secure.

[Getting set up on Coinbase](#)

[Buying BTC on Coinbase, and sending it](#)

[Buying and sending on Paxful](#) (no KYC, but has wait times for verification)

[Official bitcoin wallet tutorial](#)

Bitcoin ATM

This is the easiest way to buy and send crypto if you don't have your own checking account, or you wish to hide a purchase from one. It functions just like a regular ATM. Cash is deposited into a BTC wallet accessible through a QR code.

[Buying/sending via ATM](#)

SELF-INJECTING & INJECTION SUPPLIES

Intramuscular vs. Subcutaneous

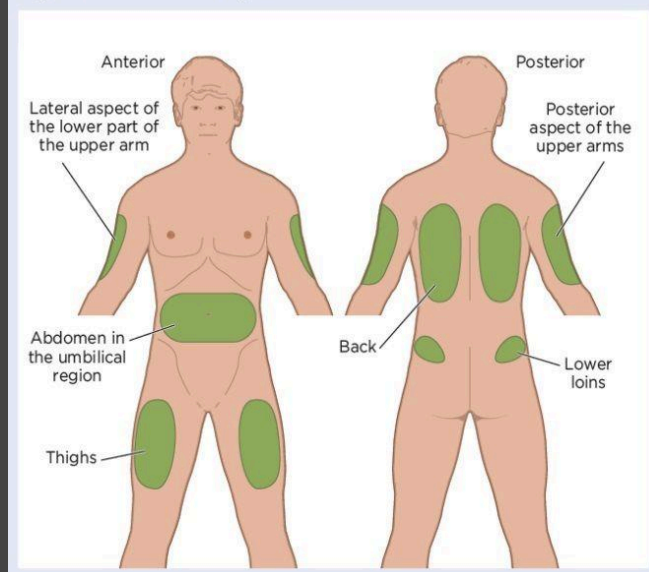
Whether you inject via intramuscular (IM) or subcutaneous (subQ) is down to personal preference. There's no evidence to suggest one is more or less effective than the other. IM will absorb injections faster due to increased blood flow in muscle tissue, but that's it.

If you're not used to injecting, I recommend subQ. The needles required are much smaller than what IM needs, which can reduce pain or anxiety. The fat layer is close to the surface of the skin and basically impossible to miss, lowering the risk of nicking a vein or blood vessel. If you don't think you have enough body fat to inject subQ, I promise you do. You'd be hooked up to an IV otherwise.

Rotate between sites for every shot. Inject quickly, but don't force the needle. Avoid scar tissue, bruises, acne, or breaks in the skin. Always sterilize the stopper and injection site. Don't reuse needles, and dispose of used needles in a tightly closed container (tupperware will do).

Charts & guides

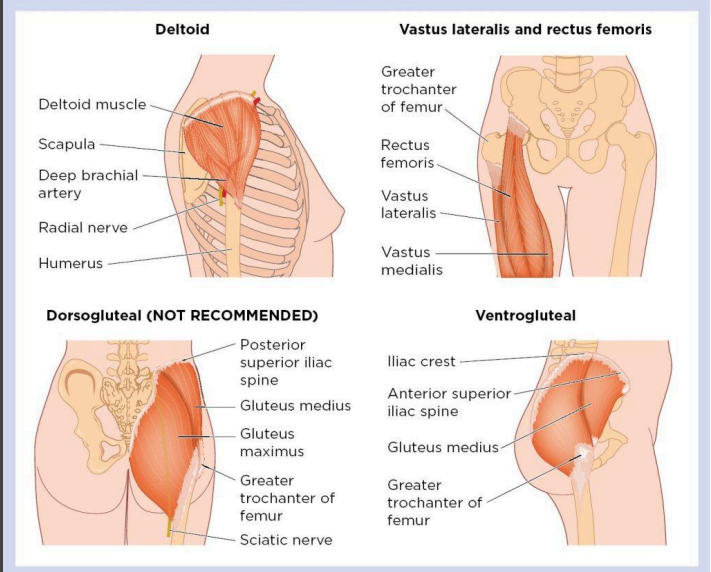
Fig 2. Subcutaneous injection sites



How to administer a subQ shot

Drawing and injecting T (subQ)

Fig 1. Sites for intramuscular injection



How to administer an IM shot

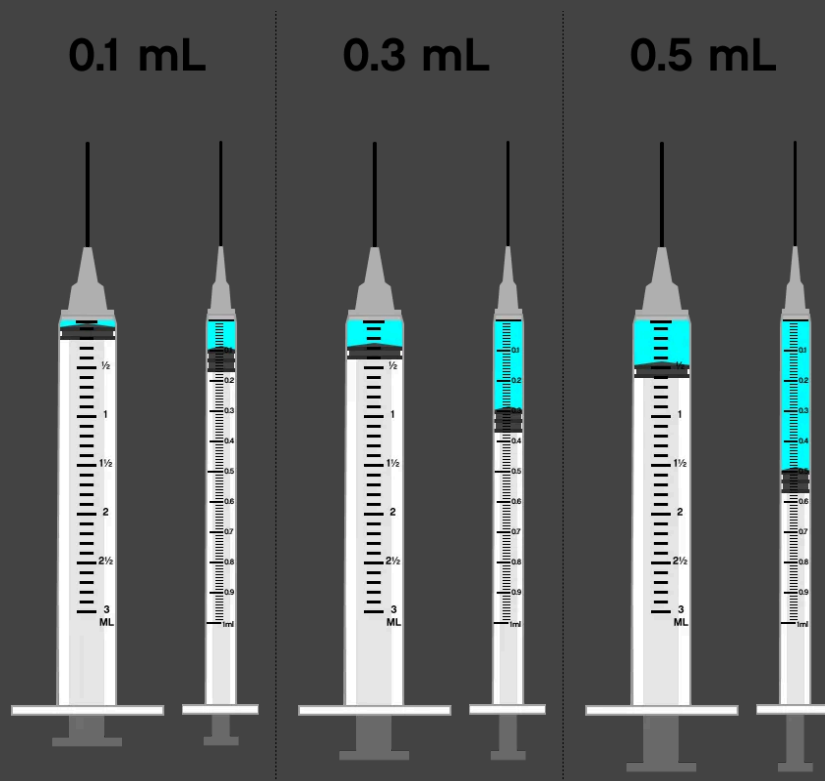
Z-track method (reduces leakage into surrounding tissue)

Needle/syringe sizes & dead space

Syringe sizes

1mL syringes are the most common and easiest to measure a dose with. 3mL syringes are trickier, but doable. Follow the markings and measure using the side of the barrel closest to the needle.

Here's what different doses look like on a 3mL syringe (left) versus a 1mL (right):



Needle sizes

For IM: Length 7/8" to 1 1/2", gauge 22-25G.

SubQ: Length 5/8" to 1/2", gauge 23-30G.

Drawing: 25G-30G. 18G is usable but massive, and you risk coring the stopper. This is really only an issue if you're drawing from the same vial more than once. Higher gauges are lower risk but take longer to draw. I don't recommend drawing with anything higher than 27G unless you have nothing else, just because it sucks and takes forever.

Dead space



Dead space refers to the amount of liquid left behind in the needle. Long-term, this isn't anything to worry about, but if you prefer, you can draw and inject with the same needle or use fixed-needle syringes. Since most injection supplies only come in bulk, this can be more cost- and storage-effective.

Those doing subQ can use insulin syringes as a fixed-needle option. Most sellers supply these. They're marked in units rather than mL, but measuring is still very simple (10 units = 0.1mL, 20 units = 0.2mL, and so on).

To eliminate dead space, you can [opt to draw a small bit of air](#) (0.08-0.1mL) before injecting. The air bubble created is tiny and completely harmless. Injecting one this small into muscle or fat is not enough to cause a pulmonary embolism (occurs at 2-3mL of air).

How do I know if my vial is cored/contaminated?

1. Inspect the vial. If you see particles or air bubbles in the liquid prior to drawing, it's been exposed to outside air and is no longer sterile.
2. Check the stopper for any obvious holes or tears. The stopper is "self-healing" and should close on its own between injections.
3. Flip the vial upside down. If anything leaks out, your vial is cored.

There's nothing to salvage a bad vial besides throwing it out. When in doubt, don't risk it. Take preventative steps by storing your HRT in a cool, clean, dry place away from sunlight. Puncture the stopper at a different spot each time you draw, and stick with higher-gauge needles.

You might see crystals in your vial. This is normal; it just means the T was stored in a cold environment. Gently shake it or roll it between your hands to warm the vial until the crystals fully dissolve.

Injection FAQ, aka "Did I mess up my shot?"

If you followed safe injection techniques, probably not. Like any shot, soreness/stiffness around the area is to be expected and goes away after a day or two.

I'm bleeding!

That's normal. Unless you're gushing nonstop, it's nothing to worry about. Apply pressure immediately after injecting to close the wound, slap a band-aid on, and go about your day.

There's T leaking out!

Also normal. It just followed the needle back up; it won't mess with your dose. Wait 15-20 seconds after injecting to withdraw the needle, and apply immediate pressure. For IM, use the Z-track method.

The site is bruised/swollen/inflamed!

A little less normal. A small bruise isn't cause for concern, and often means you nicked a vessel/vein. It should go away on its own.

If it doesn't clear up after a few days, or the site is swollen and/or feels hot to the touch, then it may be an infection (usually caused by a contaminated vial or dirty needle) or allergic reaction (very rare). You *will* know if something's wrong. Head to an urgent care clinic ASAP. Doctors aren't cops. The embarrassment of explaining your situation is less dangerous than sitting on a possible infection.

Injection supplies

US

- [Shopmedvet](#)
- [SaveRite](#)

Canada

- [Lifesupply](#)
- [c6](#)
- Amazon

UK/EU

- [Exchangesupplies](#)
- Amazon...again

Very few pharmacies in the US will just give you syringes/needles over-the-counter. Harm reduction programs give out free, clean injection supplies, no questions asked. Look into these if you're strapped for cash. In the US, they're pretty common in left-leaning areas.

INJECTABLES

Yes, you're going to be buying gear. It is the same testosterone you'd get from a doctor with a little more legal red tape. Some golden rules:

- Don't ship to a name you haven't received mail under. Best to use the name on your ID in case you need to pick up from the post office.
- If your package is seized or you get a scary letter from the post office/authorities, deny purchasing anything.
- If you have to hide T from family/roommates, use a trusted friend's address, invest in a PO box, or ship to an abandoned address (that can receive mail).

...and you'll be fine 99% of the time. The chance of getting arrested for buying T is slim to none. Feds want sellers more than some rando who buys for personal use.

Domestic sources won't see the inside of a customs office. The list below is based on country of origin, but most offer international shipping.

Forums

Use these to browse reviews, find sellers, and verify lab checks.

- Steroidssourcetalk
- Thinksteroids
- Anabolicsteroidforums
- Evolutionary (dot) org

US

- Yourmuscleshop
- Platinumpharmaceuticals (dot) is
- Osgear (dot) se
- Kits4less
- Domestic-supply

Canada

- Alphanorthlabs
- Osgear (dot) se
-

UK & Europe

- OptiHGH
- Puritysourcelabs
- SteroidsUK
- PCTZone (dot) ru
- Osgear (dot) se

Avoid eroids. Please. Vendors can buy their way into a high rank and easily create fake reviews. I've had experiences with multiple "top sellers" who sent me either bunk T

or nothing at all. Because of the legal nature of buying gear, I never got that money back.

Esters & shot schedules

The three most widely available esters of testosterone are cypionate, enanthate, and propionate. Cypionate and enanthate have longer half-lives than propionate, and similar injection schedules. Propionate is less common and isn't recommended on account of its short half-life and inconvenient shot schedule.

Characteristic	Testosterone Propionate	Testosterone Enanthate	Testosterone Cypionate
Ester Length	Short	Long	Long
Chemical Structure	Testosterone + Propionic acid	Testosterone + Enanthic acid	Testosterone + Cypionic acid
Half-Life	~2–3 days	~4–5 days	~6–8 days
Injection Frequency	Every other day or 3x/week	1–2x/week	1x/week (sometimes every 5–7 days)
Onset of Action	Fast	Moderate	Moderate
Duration of Action	Short	Medium	Medium
Common Use	Short cycles, quick results	TRT, bulking/cutting cycles	TRT, bulking/cutting cycles

Sustanon is a name-brand compound of several esters. Some come in single-dose ampoules which require filter needles, but generic brand vials exist. A typical schedule is 1mL (200mg or 250mg) every 2-4 weeks depending on your desired weekly dose.

Nebido (aka testosterone undecanoate) is a slow-acting ester. Less common from DIY sources. Like Sustanon, it is sometimes available in single-dose ampoules and injected every 10-14 weeks.



Feel free to split your dose and space out your shots; the traditional weekly shot isn't a hard limit. Splitting a dose can help with mood swings and fatigue as your T levels dip after peak. Just keep it reasonable, consistent, and convenient.

GELS

Gels are harder to source than injectables, more expensive long-term, and may provide less consistent results/levels due to the nature of topical application. However, it's easier to hide. You can transfer gel to an empty hand sanitizer or soap bottle and pass it off as such. Just make sure no one else uses it.

US

- Monsteroids
- SteroidsUSA
- NapsGear*

UK & Europe

- SteroidsUK
- RUPharma
- OTC Online Store
- Pilloid

*They also offer injectables, but I've seen many reviews complaining of underdosed vials. I only recommend them here since they offer prepackaged name brands.

BLOODWORK & LEVELS

Timing bloodwork

Your first test should be done 4-6 weeks after starting a new dose, and subsequent tests every 3 months for the first year. After that, you can switch to semiannual tests if you wish. You can ask for a blood test during a regular checkup or go through a private lab.

Schedule your test during trough. This is the point of your shot cycle where hormones are at their lowest. For weekly shots, this is going to be the same day of, but prior to taking your scheduled dose. For gel, it is ~24 hours after the last application.

Getting labs during peak levels isn't much use, since you don't stay at peak for very long. T levels are highest 1-2 days after a shot, or around 2 hours after applying gel, before gradually lowering until the next dose.

What to test

Get tested for estradiol (E2), free T, and total T. Most labs bundle these and other useful tests T can affect like hematocrit, lipid panels, and liver function.

List of private labs

US

- [LabCorp](#)
- [PrivateMD](#)
- [WalkIn](#)
- [LabsMD](#)

Canada

- [Blood Test Canada](#)
- [TeleTest](#) (Ontario only)
- [Ichor Health](#)
- [LabCorp](#)

UK

- [MediChecks](#)
 - [Randox](#)
-

Hormone levels

In cis men, testosterone ramps up during puberty, peaks in their 20s, and drops off after age ~30. The goal of taking T is to mimic this pattern as closely as possible.

Average total T in cis men: 300-1000 ng/dL, with leeway

Average free T: 5-25 ng/dL

Average estradiol (E2): 10-40 pg/mL

Do *not* try to nuke your E2. You'll feel like shit 24/7 for zero benefit. Reaching and *maintaining* male T ranges is enough to suppress gonadal estrogen production.

Estrogen blockers or aromatase inhibitors aren't recommended or really even needed for adult FtMs unless your E2 isn't lowering.

Stage	Age range	Values
Infant	Premature (26–28 weeks)	59–125 ng/dL
	Premature (31–35 weeks)	37–198 ng/dL
	Newborn	75–400 ng/dL
Child	1–6 years	N.D.
	7–9 years	0–8 ng/dL
	Just before puberty	3–10 ng/dL.*
Puberty	10–11 years	1–48 ng/dL
	12–13 years	5–619 ng/dL
	14–15 years	100–320 ng/dL
	16–17 years	200–970 ng/dL.*
Adult	≥18 years	350–1080 ng/dL.*
	20–39 years	400–1080 ng/dL
	40–59 years	350–890 ng/dL
	≥60 years	350–720 ng/dL

Age	Mean	Median	5th %	95th %
	Total Testosterone (ng/dL)	Total Testosterone (ng/dL)		
<25	692	697	408	956
25-29	669	637	388	1005
30-34	621	597	348	975
35-39	597	567	329	945
40-44	597	597	319	936
45-49	546	527	329	846
50-54	544	518	289	936
55-59	552	547	319	866

Free T, or bioavailable/unbound T, is more important for masculinization than total T. This is the easiest form of T the body can access and use. Someone sitting at 800 ng/dL total and 10 ng/dL free will see slower or less androgenic effects than someone at 500 ng/dL total and 20 ng/dL free.

Free T spikes during male puberty, causing development of male secondary sex characteristics. Aim to keep your free T at 20-25 ng/dL to maximize androgenic effects. Masculinization generally halts under 10 ng/dL.

Aromatization & signs your dose is off

A concern for successful transition is *excess* aromatization. Emphasis on *excess*. If you have a drop of testosterone in your body, some of it will always be converted to estrogen. This is how cis men naturally produce estrogen.

The level of T where aromatization occurs is different for everyone. Having a higher body fat percentage carries a higher risk of aromatization, since the conversion occurs in adipose tissue.

If you feel or see minimal changes after a few months, your E2 may be too high. Look out for:

- Mood swings & depression
- Continuation of menses (periods)
- Low libido
- Constant fatigue & headaches
- Weight gain in hips & thighs

Funny enough, these closely match symptoms of *low* E2:

- Mood swings & depression
- Low libido
- Constant fatigue & headaches
- Weight gain around the abdomen
- Osteoporosis
- Muscle loss

Don't nuke your E2.

Consider your dose. If it's on the higher end, you may need to lower it; if it's on the lower end, you may need to go higher. Adjust your next dose by slow increments and pay attention to how you feel between shots. Above all, **Get. Your. Levels. Tested.**

DOSING

How do I know which dose is right for me?

The only way to answer this definitively is getting bloodwork done. Your levels will tell you exactly what to adjust if needed. Without labs, it's just guesswork.

Steroidplotter isn't 100% accurate, but it's good for an idea of what your levels might look like on a given dose. Again, **there is no way to know what your levels are without bloodwork**. What might be an underdose for you is an overdose for others, and a perfect dose for some.

A higher dose does not mean faster changes. The rate of masculinization depends entirely on your levels and how your body metabolizes T. Height and weight do not make a dose more or less effective.

Dosing injectables

Low dose:

25-40mg weekly – recommended for microdosing

Average dose:

50-100mg weekly – "low and slow", overall safe to start with; levels will most closely resemble male puberty. 50mg is the absolute lowest you should go. For many, it is insufficient for full masculinization. Most adults will see better results dosing in the 70-100mg range.

High dose:

125-200mg weekly – I only see these as maintenance doses **after** full masculinization, or for guys struggling hard with levels. Starting with anything higher than 150mg increases risk of excess T levels for not much reward.

The amount you draw depends on the concentration of the vial (mg/mL) and is calculated like this:

$$(\text{desired dose}) \div (\text{concentration}) = \text{mL drawn}$$

For example: I want to draw 100mg, and my vial is at a concentration of 200mg/mL:

$$100 \div 200 = 0.5\text{mL}$$

Or maybe I want to draw 75mg from 250mg/mL:

$$75 \div 250 = 0.3\text{mL}$$

...and so on. You can use this to predict how long a vial will last and how many to buy if you want to stock up. Just divide the total mL in the vial by the mL you draw per injection.

Dosing gels

As most sources sell in sachet form, it can be trickier to measure out exact doses. For the (very) short time I had to use gel, I used a small food scale.

1% gel

Low dose:

12.5-25mg applied daily. Roughly one pump.

Average dose:

50mg, or one 5g satchet, applied daily. Roughly two pumps.

High dose:

80-100mg (roughly three pumps) applied daily.

1.62% gel

Low dose:

20.25mg applied daily; one pump.

Average dose:

40.5-60.75mg applied daily; about two pumps.

High dose:

67.5-81mg applied daily. Three and four pumps respectively.

Apply evenly to upper arms/shoulders. Wait until the gel is fully dried before putting on clothing.

2% gel exists, but isn't sold by any sources I'm aware of.

RESOURCES & ASSISTANCE

Various organizations offering support groups, financial/housing aid, relocation assistance, and/or supplies.

US

[Trans Relocation Fund](#)

[Black Transmen Inc](#)

[Southern Equality](#)

[Trans Safety Fund](#)

[Open Arms](#)

[Inreach](#)

[PFlag](#)

[TCPipeline](#)

Canada

UK

[Galop](#)

[AKT](#)

[Clare Project](#)

[Consortium](#)

[Trans.ac](#)

Europe

[Alega \(SP\)](#)

[BelfastTrans](#)

Global

[Trans Rights Map](#)

[Rainbow Railroad](#)

[Trans Lifeline](#)

CLOSING OUT



Thanks for reading. There aren't many guides for trans men out there, much less DIY ones, so I do hope this helped you in some way.

Be patient and consistent. Changes happen slowly and over time. Waiting is agonizing, but your first puberty didn't happen overnight. This one won't either.

Don't obsess. Early-T I doomed nonstop over the stupidest shit and it's messed me up big-time.

Let the hormones do their thing and use the downtime to do other things that can help you pass. Lift weights, overhaul your wardrobe, voice train. HRT will get you far but it isn't magic. Transitioning is hard, passing is even harder, and it will require time and effort that goes beyond taking your shots.

Have fun and be nice.

Last updated 08/11/2025

Revision list:

- 06/20/2025: updated dead space section with source link and writeup on air bubble tek; clarification of average injectable doses

- 06/24/2025: updated injection supply list, ester list, and dosing for gels; cleaned up some typos

- 07/15/2025: added link to a steroid test kit + new BTC wallet tut

- 07/26/2025 - tweaked drawing needle size recommendation from 22G-27G to 25G-30G

- 08/11/2025 - typo cleanup

