URGENT MEDICAL DEVICE CORRECTION

intelerad
A GE HealthCare company

15 September 2026 Ref. # 88101

To: Chief Operations Officer, Chief Information Officer, PACS administrator, IT manager, or Information Security manager

RE: **Security Vulnerability and Potential Data Loss in IntelePACS**

Safety Issue

Intelerad, a GE HealthCare company, has become aware of two issues affecting certain versions of IntelePACS following the identification of two separate issues (please refer to the Affected Product Details list in this letter).

Issue 1 – Security Vulnerability in the Administration Web Portal (InteleBrowser). A security vulnerability identified on InteleBrowser administration web portal could allow an authenticated administrator to cause arbitrary script content to execute in the browser of any subsequent user who loads that administration page. If exploited, a malicious user could take over an administrator session and delete or modify image or study data, or lock legitimate users out of the system, which could result in delayed or incorrect patient treatment.

Issue 2 – Potential Data Loss During Image Object Change Management (IOCM) Processing. An identified software issue could result in the unintended deletion of image data from an external archive integration configured with a non-default deletion-source filtering override. If not detected, this image data deletion could result in delayed or incorrect patient treatment.

> Note: Issue 2 can only be triggered on systems that:
> (a) have a cloud archive integration configured, and
> (b) have applied a non-default deletion-source filtering override to that integration.
>
> Intelerad has found no evidence that this configuration exists in any customer production environment.

There have been no injuries or unauthorized access reported to Intelerad as a result of this issue.

Actions to be taken by Customer/User

Pending corrections by Intelerad, you can continue to use your system by continuing to follow your organization's standard cybersecurity and access control practices until the corrective update is implemented.

Please ensure all potential users in your facility are made aware of this safety notification and the recommended actions.

Please retain this document for your records.

Please complete and return the attached acknowledgement form electronically via FMI 88101 Digital Response Form or email, or print, fill out manually, scan, and email to Recall.88101@gehealthcare.com.

Affected Product Details

Product	Affected Versions
IntelePACS	PACS-4-3-4-R20
	PACS-4-9-1-R80
	PACS-4-12-1-R81 through R90
	PACS-4-14-1-R46 through R137
	PACS-4-16-1-R50 through R137
	PACS-4-17-1-R23 through R117
	PACS-4-18-1-R31 through R91
	PACS-5-1-1-R17 through R102
	PACS-5-2-1-R36 through R93
	PACS-5-3-1-R26 through R128
	PACS-5-4-1-R15 through R101
	PACS-5-5-1-R7 through R89
	PACS-5-6-1-R12 through R81
	PACS-5-7-1-R2 through R61
	PACS-5-8-1-R2 through R42
	PACS-5-9-1-R8 through R19

Product Correction

Intelerad will correct all affected products at no cost to you. An Intelerad representative will contact you to arrange for the correction.

Contact Information

If you have any questions or concerns regarding this notification, please contact Intelerad at Recall.88101@gehealthcare.com.

Please be assured that maintaining a high level of safety and quality is our highest priority. If you have any questions, please contact Intelerad per the contact information above.

Sincerely,



Laila Gurney
Chief Quality & Regulatory Officer
GE HealthCare



Scott Kelley
Chief Medical & Safety Officer
GE HealthCare

intelerad
A GE HealthCare company

Ref. # 88101

MEDICAL DEVICE NOTIFICATION ACKNOWLEDGEMENT
RESPONSE REQUIRED

Please complete this form and return it to GE HealthCare promptly upon receipt and no later than 30 days from receipt. This will confirm receipt and understanding of the Medical Device Correction Notice.

Facility Name: _____

Street Address: _____

City/State/ZIP/Country: _____

Customer Email Address: _____

Customer Phone Number: _____

By signing this form, we acknowledge receipt and understanding of the accompanying Medical Device Notification, and that we have informed all potential users and have taken and will take appropriate actions in accordance with that Notification.

Please provide the name of the individual with responsibility who completed this form.

Signature: _____

Printed Name: _____

Position/Job Title: _____

Date (DD/MM/YYYY): _____

To complete this form electronically, please scan the QR code below or click this link: FMI 88101 Digital Response Form	**To complete this form via email, scan or take a photo of the completed form and email to:** Recall.88101@gehealthcare.com