

**URGENT MEDICAL  
DEVICE CORRECTION**



14 January 2026

GE HealthCare Ref. # 85489

To: Director/Manager of Radiology  
Risk Manager/Hospital Administrator  
Head of Radiology Department  
Director of IT Department  
Head of Imaging Informatics

RE: **Cybersecurity vulnerability affecting Centricity RIS-i configured with Instant Messenger**

**Safety  
Issue**

GE HealthCare has become aware of a cybersecurity vulnerability affecting Centricity RIS-i configured with Instant Messenger. When Instant Messenger is installed and running, a malicious actor could exploit this vulnerability to perform unauthenticated Remote Code Execution in Instant Messenger which could potentially impact system availability and/or lead to ability to manipulate data. Instant Messenger is an optional module which is not installed by default. The vulnerability is not present in RIS-i systems without Instant Messenger, or where Instant Messenger has been disabled.

There have been no injuries or unauthorized access to patient data reported to GE HealthCare as a result of this issue.

**Actions to  
be taken by  
Customer/  
User**

Pending correction by GE HealthCare, you can continue to use your device by following the instructions below:

Ensure your IT Department disables “Centricity RIS IM Server” service on the server following your Operating System guidelines until product correction is completed.

Please retain this document for your records.

Please complete and return the attached acknowledgement form to [recall.85489@gehealthcare.com](mailto:recall.85489@gehealthcare.com) or use the QR code to submit your response electronically.

**Affected  
Product  
Details**

The software versions listed below are potentially affected:

Product Name	Affected Software Versions	GTIN
Centricity RIS-i	4.2.x	Not Applicable
Centricity RIS-i	5.x	Not Applicable
Centricity RIS-i	6.x	Not Applicable
Centricity RIS-i	7.0.0 – 7.0.6	00840682147170

**Product Correction** GE HealthCare will correct all affected products at no cost to you.  
A GE HealthCare representative will contact you to arrange for the correction.

**Contact Information** If you have any questions or concerns regarding this notification, please contact GE HealthCare Service or your local Service Representative.

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

Sincerely,



Laila Gurney  
Chief Quality & Regulatory Officer  
GE HealthCare



Scott Kelley  
Chief Medical Safety Officer  
GE HealthCare

**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.



To complete this form via email, scan or take a photo of the completed form and email to: [recall.85489@gehealthcare.com](mailto:recall.85489@gehealthcare.com)

