Articles of association

For

Scandiatransplant Heart and Lung Group (SHLG)

As adopted by the board of SHLG in 2017 at the 37th Meeting and in October 2020 at the 41st Meeting.

Article 1

Name

The name of the Association is “Scandiatransplant Heart and Lung Group”.

The official acronym for the Association is “SHLG”.

Article 2

Domicile

The official domicile of the Association is with Scandiatransplant at Aarhus University Hospital, Aarhus Denmark.

The working address of the Association is the address of the incumbent chairman.

Article 3

Objectives

The Association’s objectives shall be:

To establish rules for cooperation in thoracic transplant between the transplantation centres in Scandiatransplant with regard to waiting lists, organ exchange and transplant registry.

To promote clinical and scientific cooperation between the transplantation centres in Scandiatransplant.

To act as the authority in collaborative clinical and scientific projects involving all transplantation centres in Scandiatransplant.
Article 4

Membership of the Association

The following members of the Association constitute the board of the Association. The thoracic transplantation centres within Scandiatransplant have the right to appoint the following members to the board of SHLG:

- Oslo University Hospital, Rikshospitalet; 2 cardiothoracic surgeons, 1 cardiologist, 1 pulmonologist.
- Göteborg University Hospital, Sahlgrenska Sjukhuset; 2 cardiothoracic surgeons, 1 cardiologist, 1 pulmonologist.
- Lund University Hospital; 2 cardiothoracic surgeons, 1 cardiologist, 1 pulmonologist.
- Copenhagen University Hospital, Rigshospitalet; 2 cardiothoracic surgeons, 1 cardiologist, 1 pulmonologist.
- Aarhus University Hospital, Skejby; 1 cardiothoracic surgeon, 1 cardiologist.
- Helsinki University Hospital; 2 cardiothoracic surgeons, 1 cardiologist, 1 pulmonologist.
- Tartu University Hospital: 2 board members, profession not specified. Preferably, at least one should be a cardiothoracic surgeon and both should be professionally involved in the follow up of heart or lung transplanted patients.

Board members are appointed by each individual centre and members are usually appointed without time-limit. Board members can be changed without notice at the discretion of each transplantation centre.

Non-board members are appointed by each individual transplantation centre. Members must have formal clinical or organizational responsibility for thoracic transplant patients and must allocate a substantial part of their work to care for transplant patients.

The board of the Association can decide how many associated members each centre is allowed.

The board elects by simple majority vote a chairman for a period of two years. The chairman can be re-elected twice for a total period of six years. Two additional members of the Board are elected for the same time periods to serve as members of an Executive Board together with the chair. These three members of the Executive Board should be from three different transplant centres and from different specialties. Their obligation shall be to prepare meetings and follow up decisions.
**Article 5**

**Board meetings**

Board meetings will usually be held in February-March and in October-November. Extraordinary meetings can be requested by the chairman. At each meeting the date, venue and format (virtual or personal) for the next meeting is fixed. This may be subject to change on shorter notice depending on agreement between one Board member from each centre, usually agreed per email.

Invitation to the meetings must be sent 15 days in advance. Major issues to be discussed must be announced 30 days before the meeting.

It is the responsibility of the chairman and the Executive Board to form the agenda, send invitations, write minutes and follow up on decisions made at the meetings of the Board. The chairman keeps a list of board members and other members and they constitute the group of persons to be invited to the meetings.

The host centre has the right to invite relevant non-members from their staff to participate in the meeting without invitation. The chairman must be noticed in advance.

Board members can be represented by other members if the chairman is noticed in advance.

Decisions concerning collaboration between centres are done by voting among board members. Decisions must be unanimous to be valid.

Minutes shall be kept of board meetings and distributed to board and associated members.