API Key ▨▨▨▨▨▨▨▨▨▨▨▨

Layout URL https://hs-mas-test.ibm-ir

Upload expected field values in json format

Choose File 21-22A_23....s_fields.json

Compare layout to Data dictionary

21-22A-FEB-2019-V14

Name	Output Name	Data Type	Expected Data Type	Supervision	Expected Supervision
CB_INDIVIDUAL_IS_AGENT	CB_INDIVIDUAL_IS_AGENT	Checkbox	Checkbox	Autotranscribe	Default
REP_SIGNATURE	REP_SIGNATURE	Signature	Signature	Autotranscribe	Default
VA_FILE_NUMBER	VA_FILE_NUMBER	AlphaNumeric	AlphaNumeric	Default	Default
CLAIMANT_SIGNATURE	CLAIMANT_SIGNATURE	Signature	Signature	Autotranscribe	Default
VETERAN_SSN	VETERAN_SSN	SSN/EIN/TIN	SSN/EIN/TIN	Autotranscribe	Default
CB_INDIVIDUAL_IS_SVC_ORG_REP	CB_INDIVIDUAL_IS_SVC_ORG_REP	Checkbox	Checkbox	Autotranscribe	Default
CB_INDIVIDUAL_IS_SEC_14	CB_INDIVIDUAL_IS_SEC_14	Checkbox	Checkbox	Autotranscribe	Default
CLAIMAINT_SIGNATURE_PAGE1	CLAIMAINT_SIGNATURE_PAGE1	Signature	Signature	Autotranscribe	Default
CLAIMANT_REPRESENTATIVE_NAME	CLAIMANT_REPRESENTATIVE_NAME	Generic Text	Generic Text	Autotranscribe	Default
POA_ORG	POA_ORG	Generic Text	Generic Text	Autotranscribe	Default
FLASH_TEXT	FLASH_TEXT	Freeform Characters	Generic Text	Autotranscribe	Default
CLAIMANT_NAME	CLAIMANT_NAME	Name	Name	Autotranscribe	Default
CB_INDIVIDUAL_IS_ATTORNEY	CB_INDIVIDUAL_IS_ATTORNEY	Checkbox	Checkbox	Autotranscribe	Default
FLASH_TEXT	FLASH_TEXT	Freeform Characters	Generic Text	Autotranscribe	Default
VETERAN_SSN	VETERAN_SSN	SSN/EIN/TIN	SSN/EIN/TIN	Autotranscribe	Default
VA_FILE_NUMBER	VA_FILE_NUMBER	AlphaNumeric	AlphaNumeric	Default	Default
CLAIMANT_NAME	CLAIMANT_NAME	Name	Name	Autotranscribe	Default
CLAIMANT_REPRESENTATIVE_NAME	CLAIMANT_REPRESENTATIVE_NAME	Generic Text	Generic Text	Autotranscribe	Default
CB_INDIVIDUAL_IS_AGENT	CB_INDIVIDUAL_IS_AGENT	Checkbox	Checkbox	Autotranscribe	Default
CB_INDIVIDUAL_IS_SEC_14	CB_INDIVIDUAL_IS_SEC_14	Checkbox	Checkbox	Autotranscribe	Default
CB_INDIVIDUAL_IS_SVC_ORG_REP	CB_INDIVIDUAL_IS_SVC_ORG_REP	Checkbox	Checkbox	Autotranscribe	Default
CB_INDIVIDUAL_IS_ATTORNEY	CB_INDIVIDUAL_IS_ATTORNEY	Checkbox	Checkbox	Autotranscribe	Default
POA_ORG	POA_ORG	Generic Text	Generic Text	Autotranscribe	Default
CLAIMAINT_SIGNATURE_PAGE1	CLAIMAINT_SIGNATURE_PAGE1	Signature	Signature	Autotranscribe	Default
CLAIMANT_SIGNATURE	CLAIMANT_SIGNATURE	Signature	Signature	Autotranscribe	Default
REP_SIGNATURE	REP_SIGNATURE	Signature	Signature	Autotranscribe	Default

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Name	Output Name	Data Type	Expected Data Type	Supervision	Expected Supervision
FLASH_TEXT	FLASH_TEXT	Freeform Characters	Generic Text	Default	Default
VETERAN_SSN	VETERAN_SSN	SSN/EIN/TIN	SSN/EIN/TIN	Default	Default
VA_FILE_NUMBER	VA_FILE_NUMBER	AlphaNumeric	AlphaNumeric	Default	Default
CLAIMANT_NAME	CLAIMANT_NAME	Name	Name	Default	Default
CLAIMANT_REPRESENTATIVE_NAME	CLAIMANT_REPRESENTATIVE_NAME	Generic Text	Generic Text	Default	Default
CB_INDIVIDUAL_IS_AGENT	CB_INDIVIDUAL_IS_AGENT	Checkbox	Checkbox	Default	Default
CB_INDIVIDUAL_IS_SVC_ORG_REP	CB_INDIVIDUAL_IS_SVC_ORG_REP	Checkbox	Checkbox	Default	Default
CB_INDIVIDUAL_IS_ATTORNEY	CB_INDIVIDUAL_IS_ATTORNEY	Checkbox	Checkbox	Default	Default
POA_ORG	POA_ORG	Generic Text	Generic Text	Default	Default
CLAIMAINT_SIGNATURE_PAGE1	CLAIMAINT_SIGNATURE_PAGE1	Signature	Signature	Default	Default
CB_INDIVIDUAL_IS_SEC_14	CB_INDIVIDUAL_IS_SEC_14	Checkbox	Checkbox	Default	Default
CLAIMANT_SIGNATURE	CLAIMANT_SIGNATURE	Signature	Signature	Default	Default
REP_SIGNATURE	REP_SIGNATURE	Signature	Signature	Default	Default