

ANNEX D: TEST SETUP PHOTOS

Left:

Top Side



Bottom Side



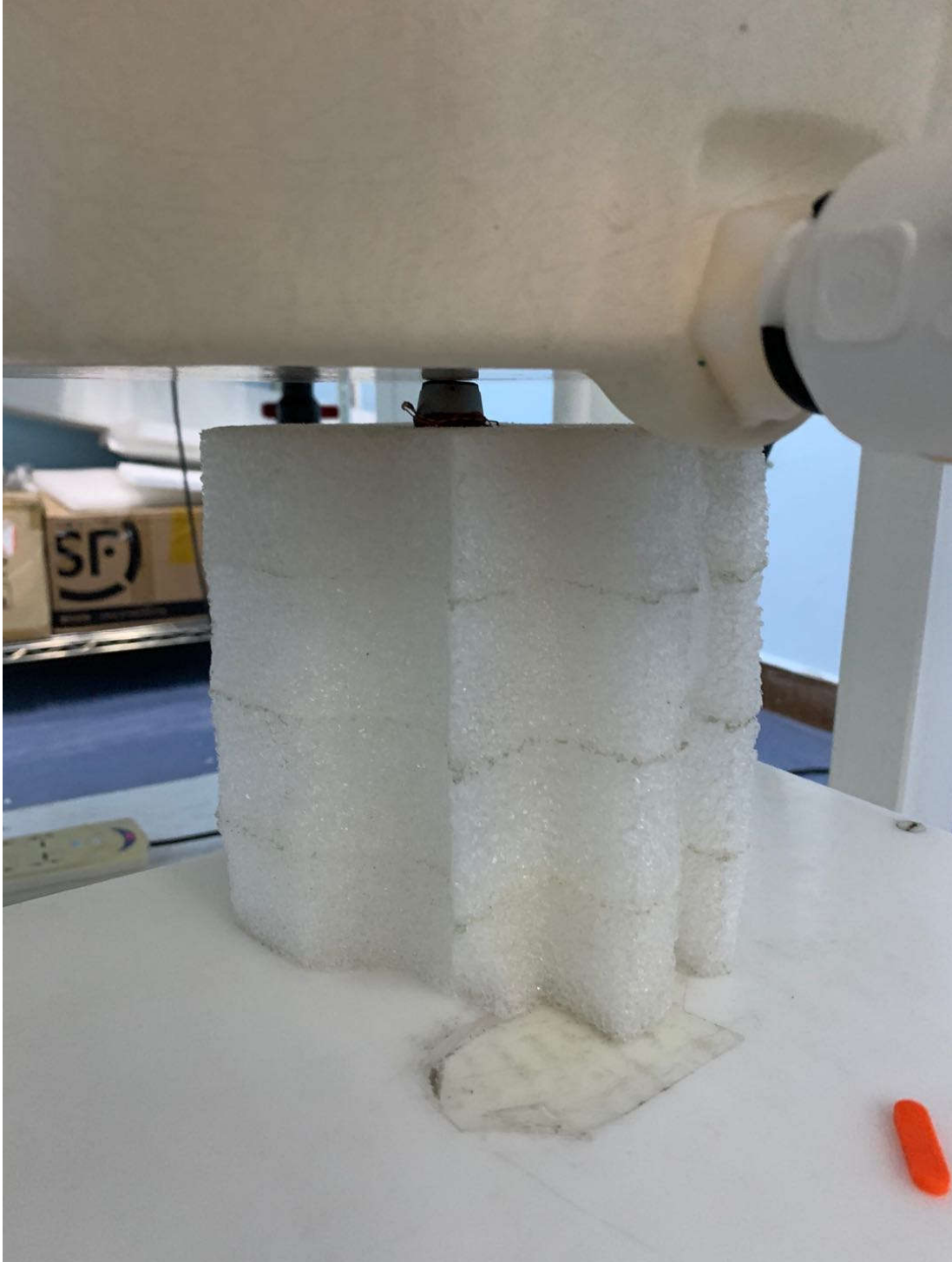
Left Side



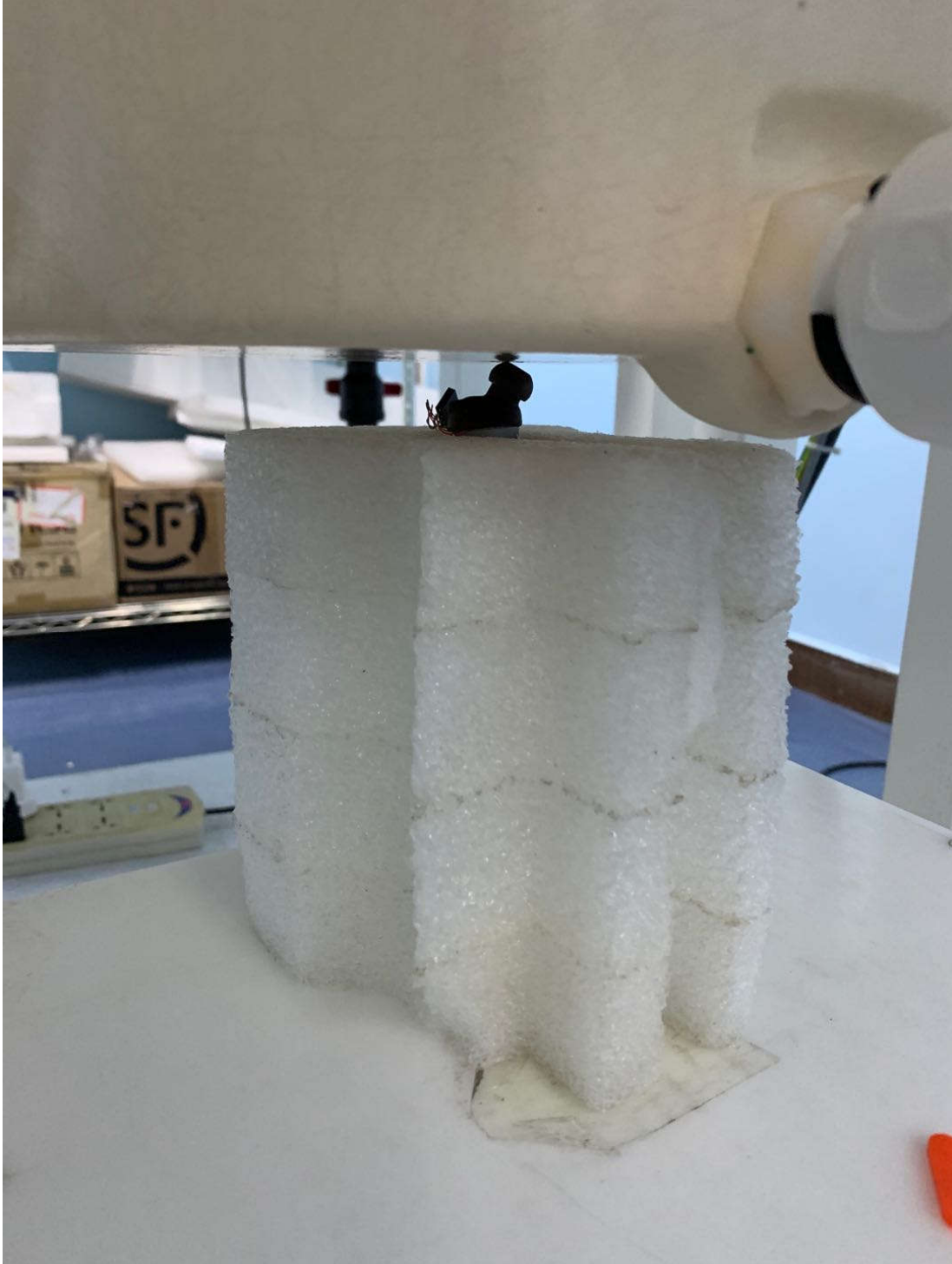
Right Side



Front Side



Cochlea Side



Right:

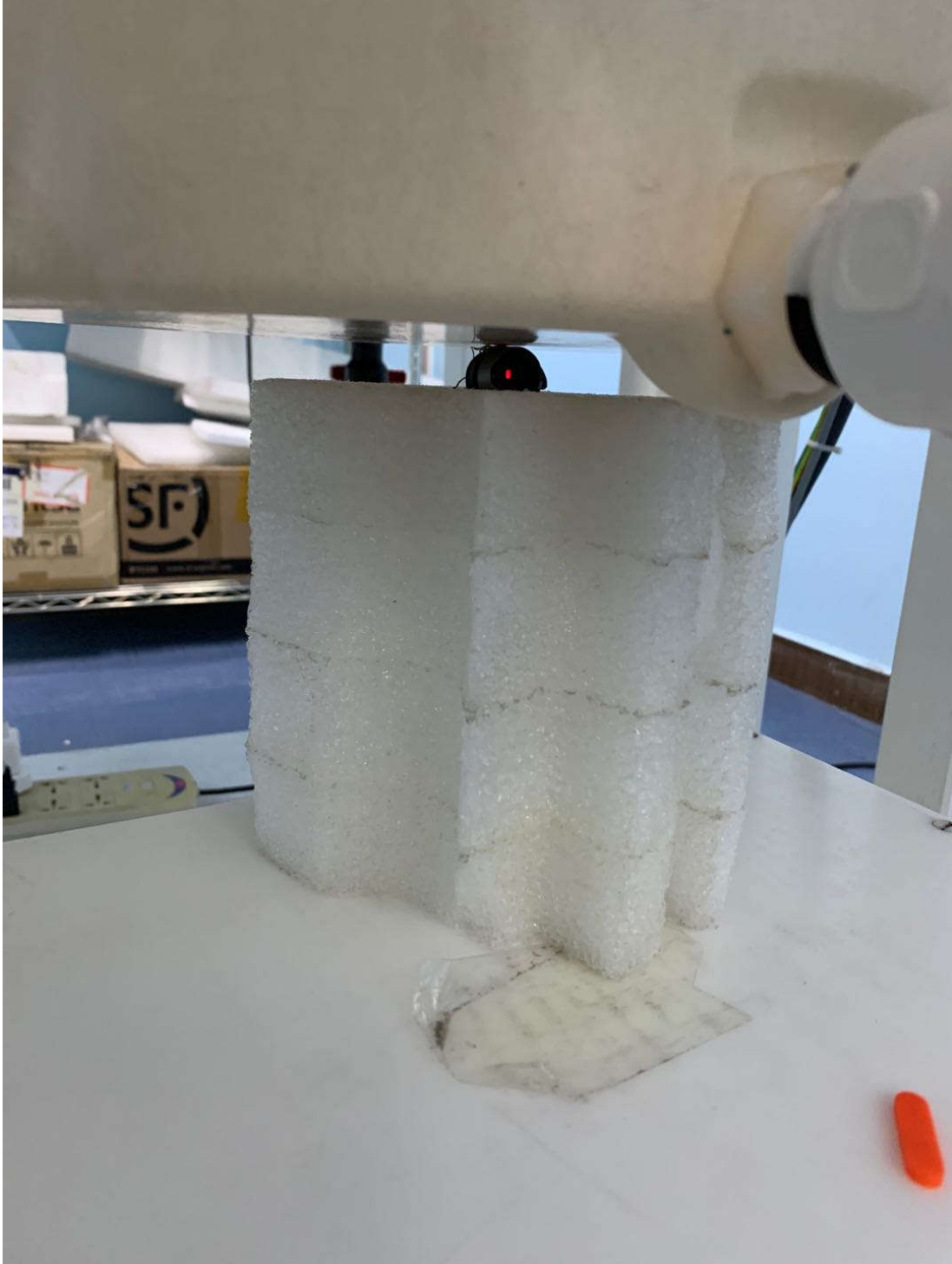
Top Side



Bottom Side



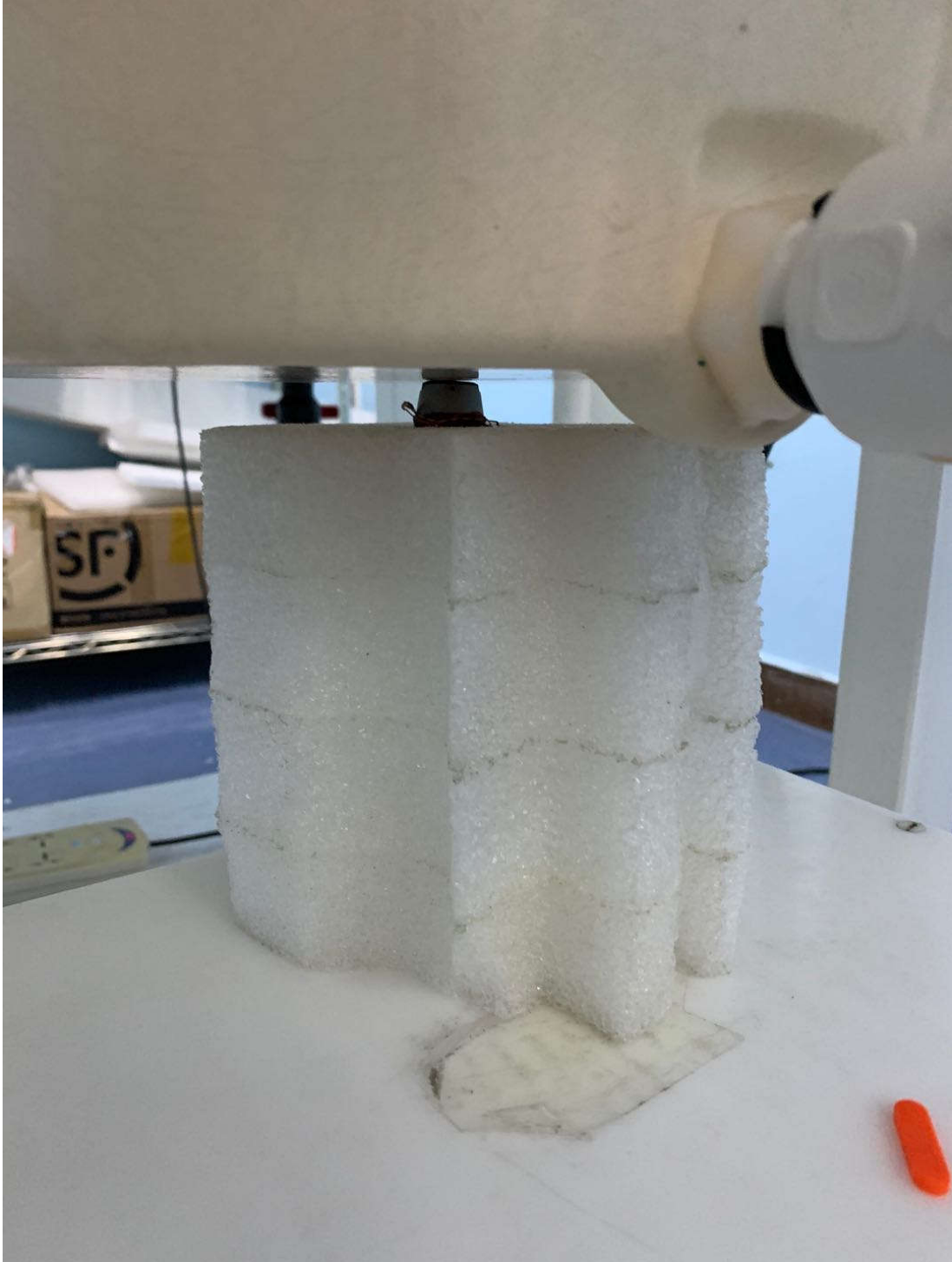
Left Side



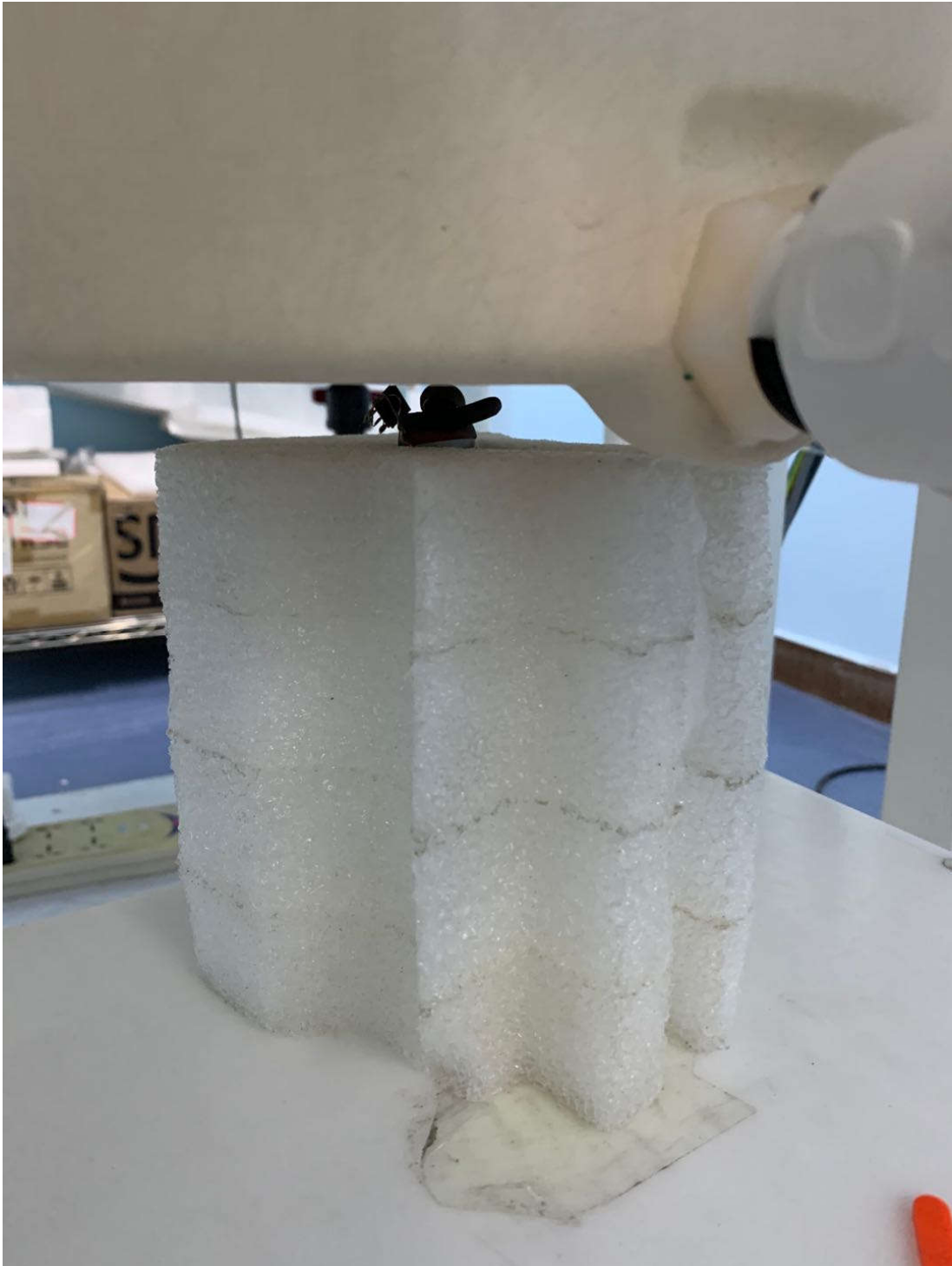
Right Side



Front Side



Cochlea Side



..... **THE END**