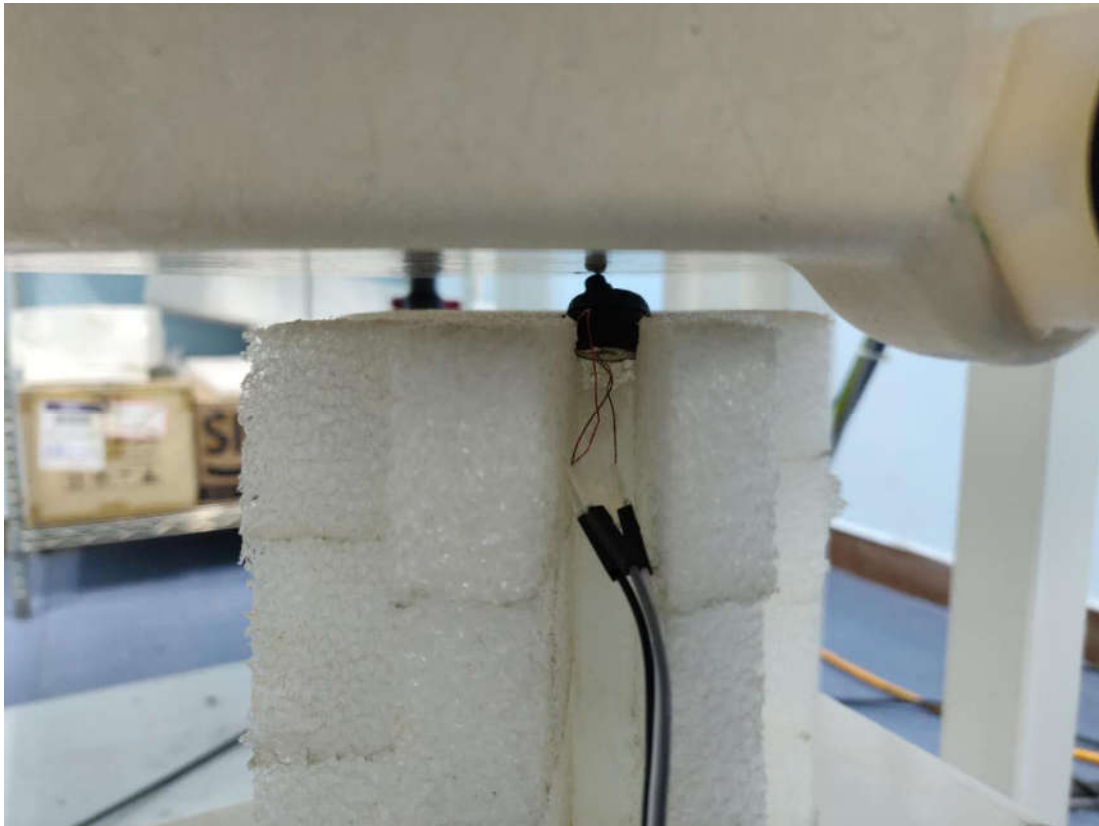


**ANNEX D: TEST SETUP PHOTOS**

**Left  
Cochlea Side**



**Front Side**



Top Side



Bottom Side



Left Side



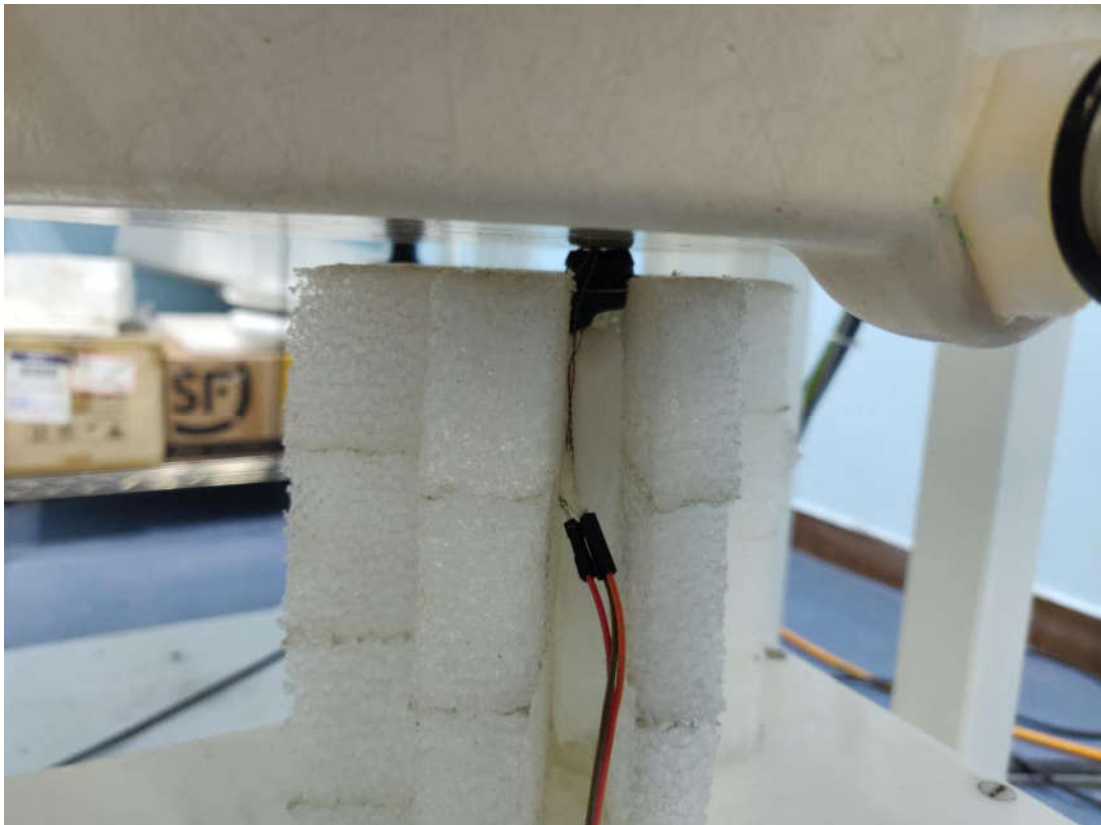
Right Side



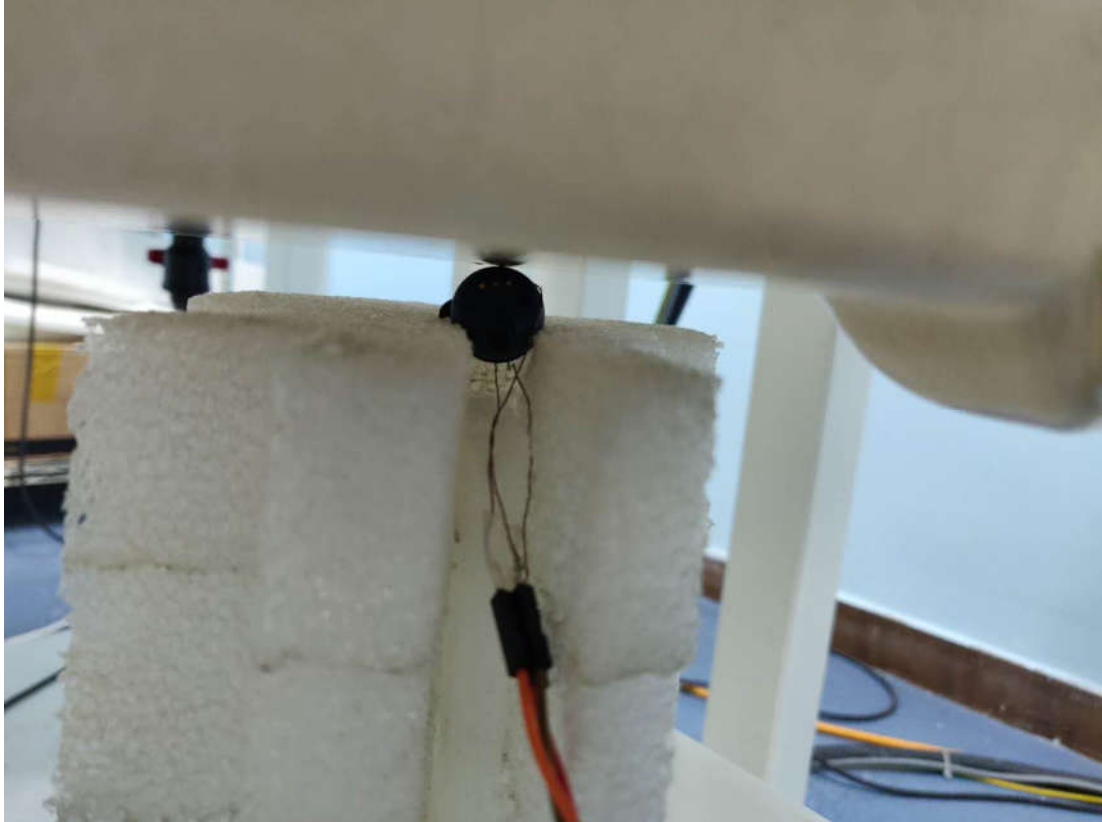
**Right  
Cochlea Side**



**Front Side**



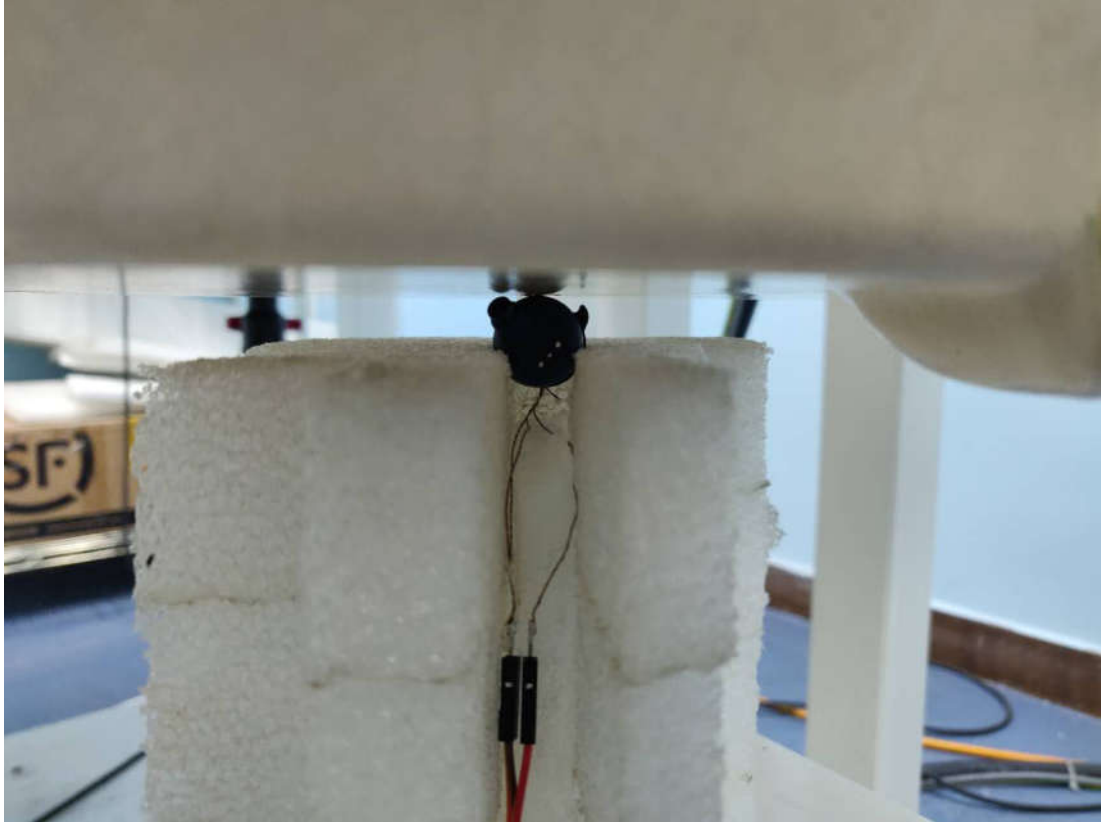
Top Side



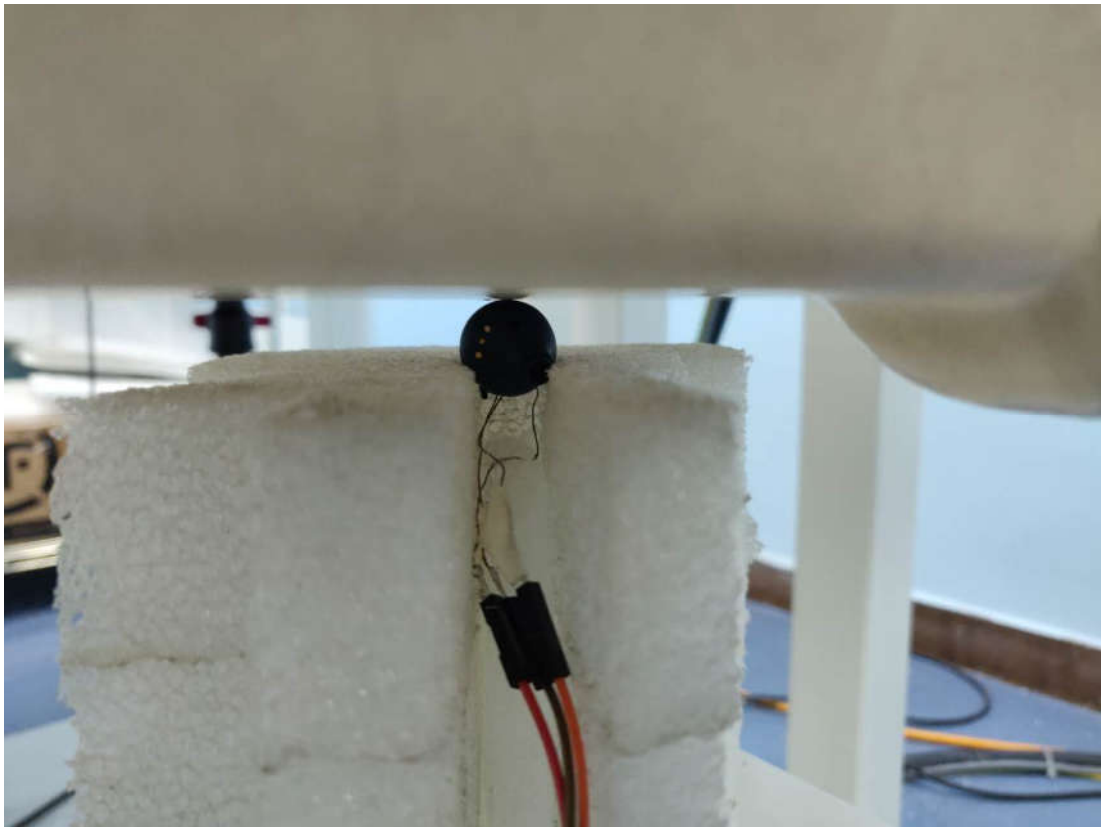
Bottom Side



Left Side



Right Side



..... THE END .....