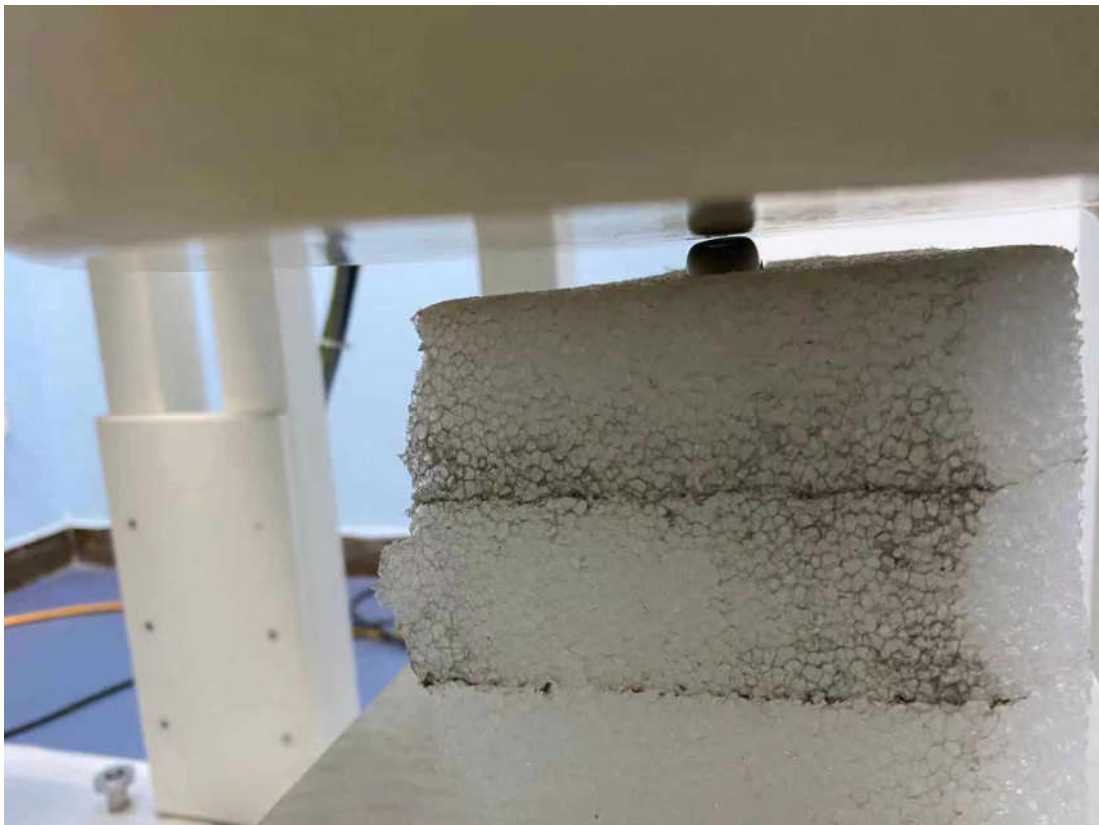


ANNEX D: TEST SETUP PHOTOS

Left:
Cochlea Side



Front Side



Top Side



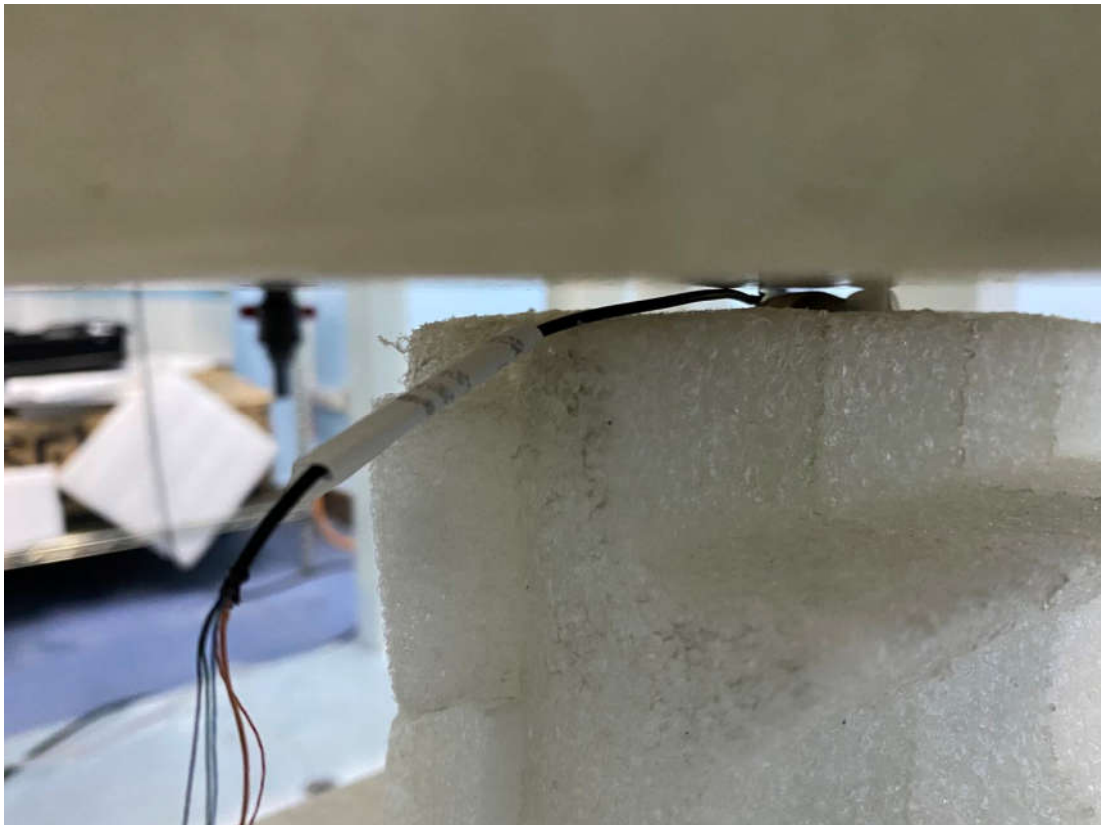
Bottom Side



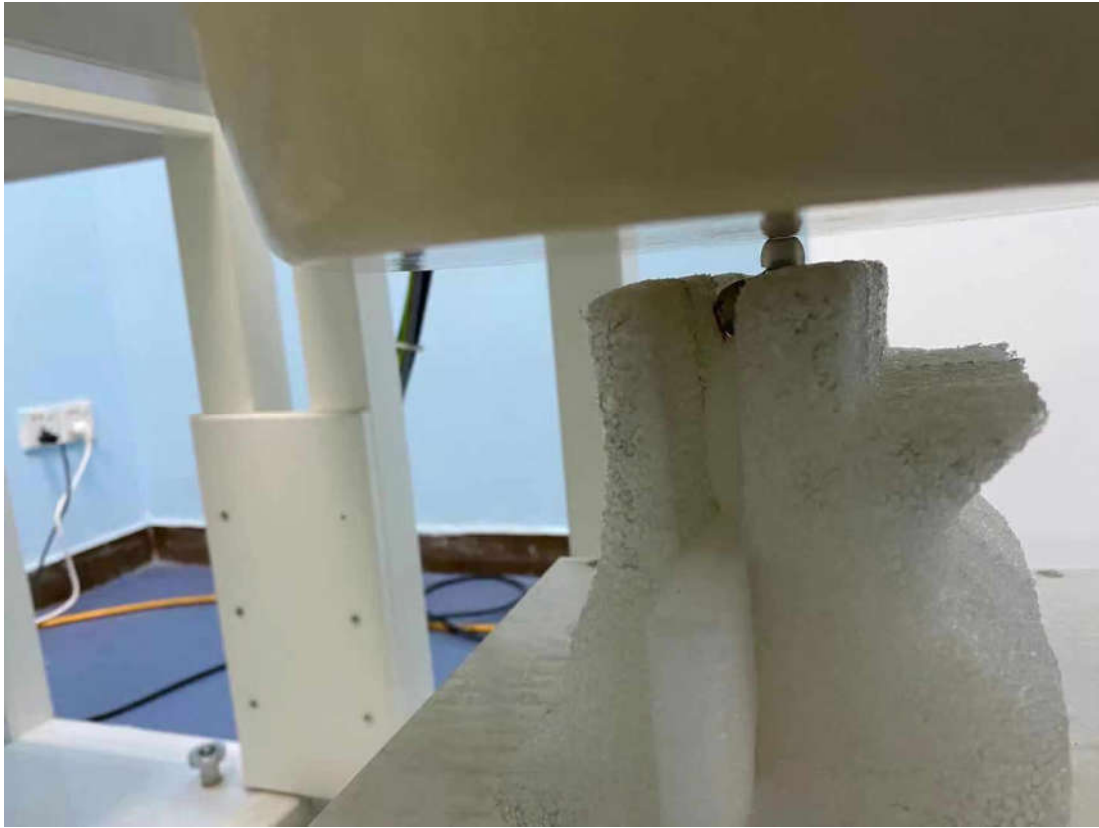
Left Side



Right Side



Right:
Cochlea Side



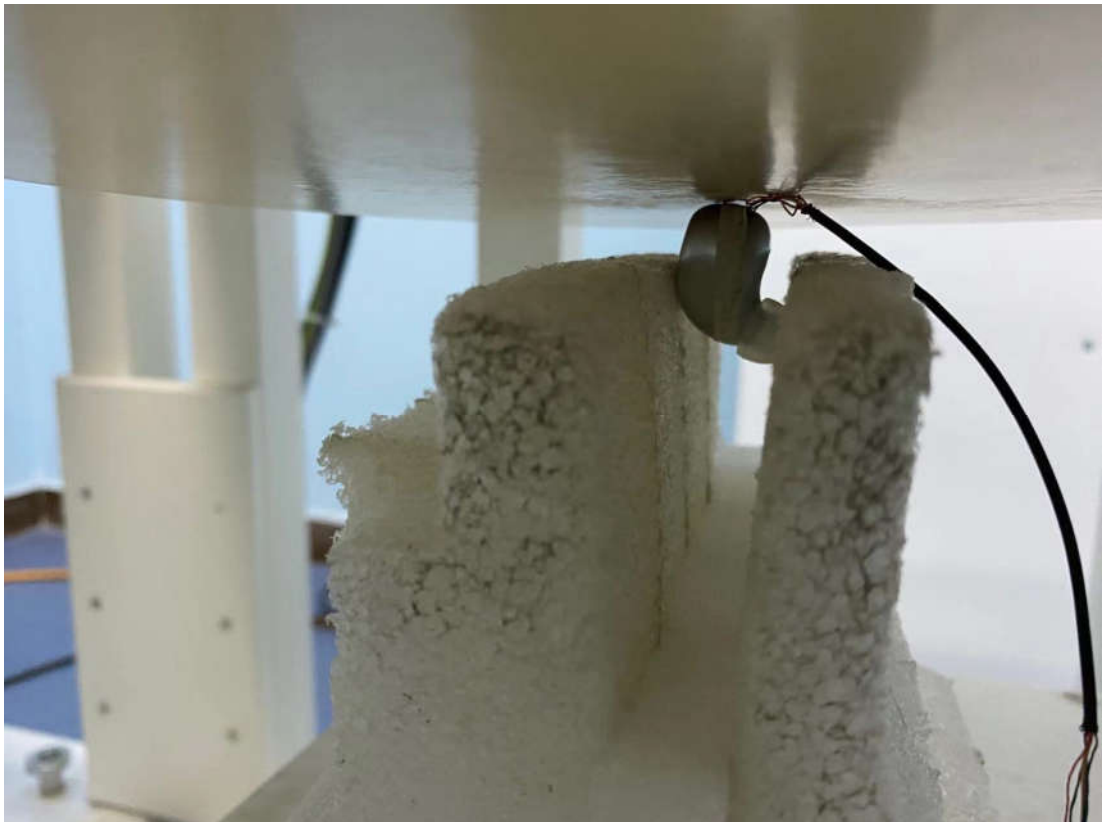
Front Side



Top Side



Bottom Side



Left Side



Right Side



..... **THE END**