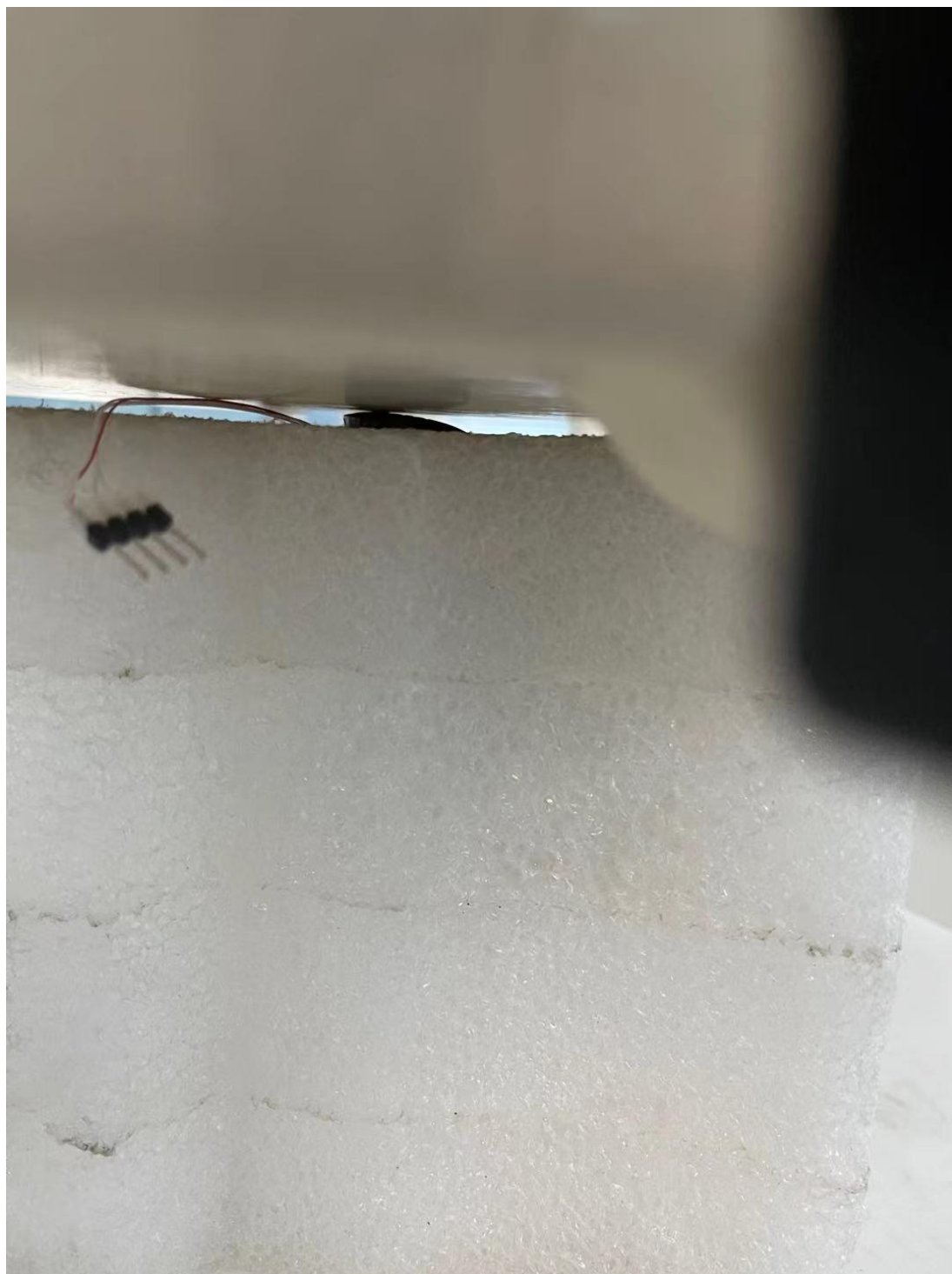


ANNEX D: TEST SETUP PHOTOS

Left:
Cochlea Side



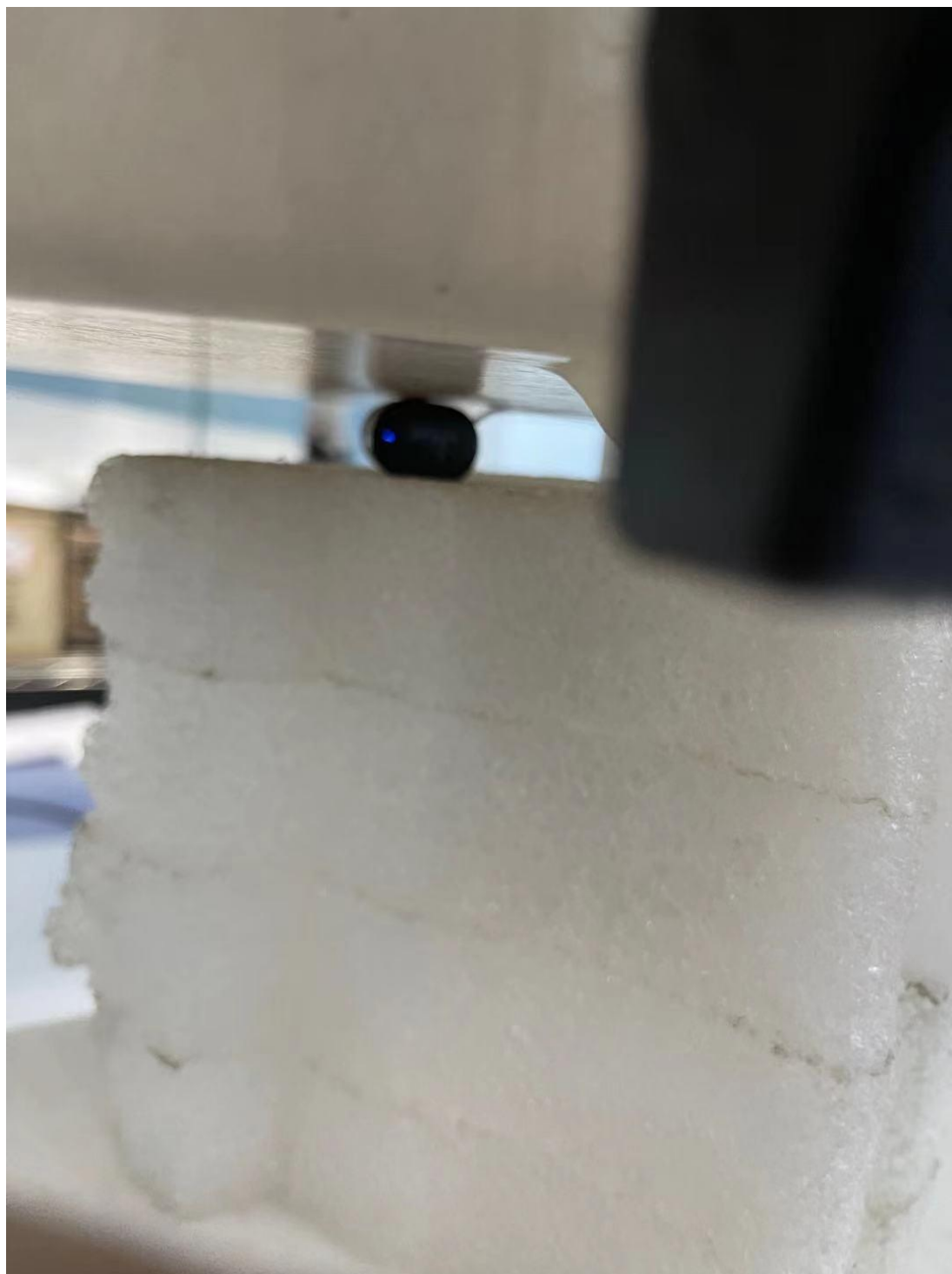
Front Side



Top Side



Bottom Side



Left Side



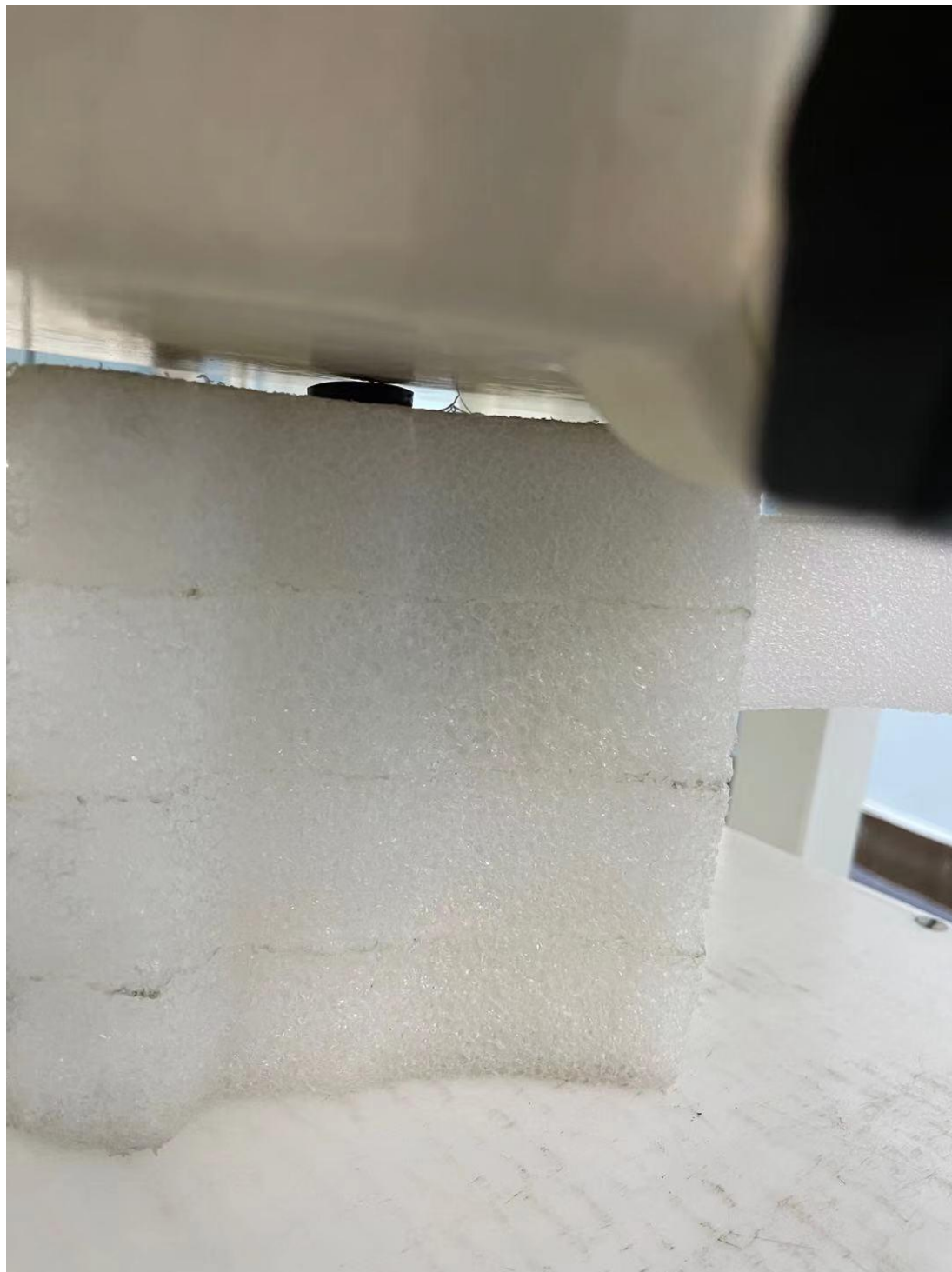
Right Side



Right:
Cochlea Side



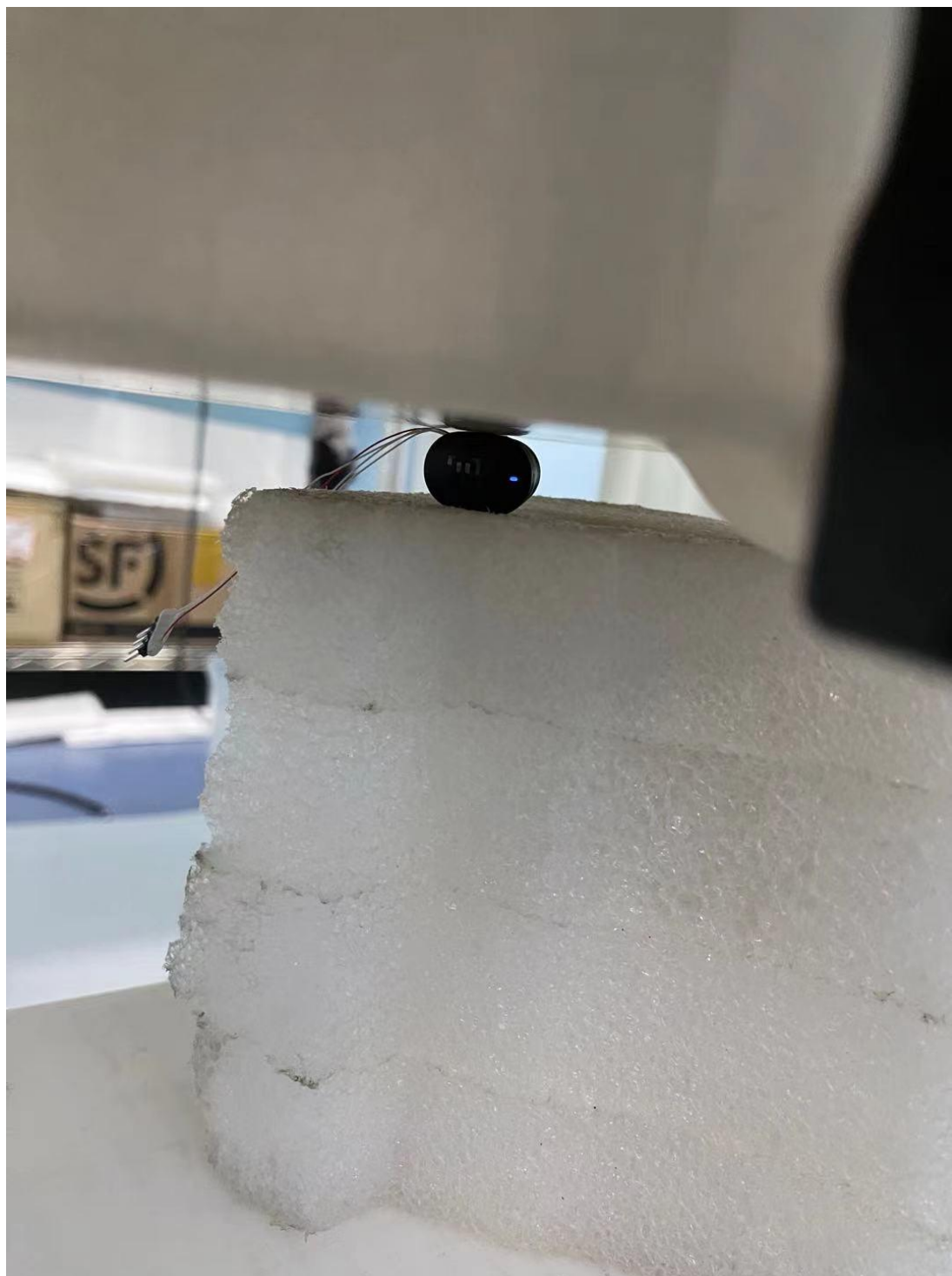
Front Side



Top Side



Bottom Side



Left Side



Right Side



..... THE END